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ABSTRACT

The "Articles" section of this issue includes: (1) "Continuing Education Needs of Counselors Working with Adult Clients: Results of A Survey" (Larry Burlew and Peter Emerson); (2) "Gender Differences in Adult Development" (Cindy Rigamer); (3) "Developmental Counseling and Therapy with Involuntary Midlife Career Changes" (Dianne M. Kenney and Joseph G. Law); (4) "Relationship of Gender-Role Conditioning to Self-Esteem in Women" (Vonda O. Long); (5) "Nontraditional College Students: A Developmental Look at the Needs of Women and Men Returning to School" (James M. Benshoff); (6) "Dual-Earner Marriages: Research, Issues, and Counseling Implications" (M. Susan Wilkie); (7) "Effects of Gender and Cultural Variables on the Perceptions of Cajuns and Non-Cajuns toward Middle Age" (Daya S. Sandhu and Michael Assel); (8) "Building the Classroom Community as a Support System for the Adult Learner" (Penina Frankel); (9) "Gender Roles in Relationships and the Workplace: A Preliminary Study" (Patricia W. Stevens); (10) "A Comparison of the Attributions and Depression Level of Incest Victims and Non-Victims" (Cheryl Thomas); (11) "Gender Differences in Career Development (Larry D. Burlew and Scott F. Butler); (12) "The Effect of the 12-Step Program on the Locus of Control, Self-Esteem, and Coping Styles of Female Compulsive Eaters" (Cynthia Boone-Hawkins and Isadore Newman); (13) "Planning for a Preferred Future: Using the AADA Preretirement Checklist" (James A. Boytim and others); (14) "Cultural Stereotypes, Double Standards, and Rater Age Effects in Perceptions of Middle-Age Attractiveness" (Richard D. Mathis and Zoe Tanner). The "Practically Speaking" section includes: (1) "Working with the 'New Male': A Guide for Female Therapists" (Bernadette Halbrook); (2) "Connected vs. Separate Knowing: Development of a Woman's Voice" (Dawn B. Young, Susan U. McCormick and George McCormick); (3) "Is That All There Is? Career Disenchantment in Thirtysomething Females" (Audrey Canaff and Leslie Weizer Drummond); (4) "Working toward Independence: The Double Bind in Communication Dilemma" (William W. Saxon, Wendel A. Ray and R. Lamar Woodham). The articles include a list of selected references. (BF)

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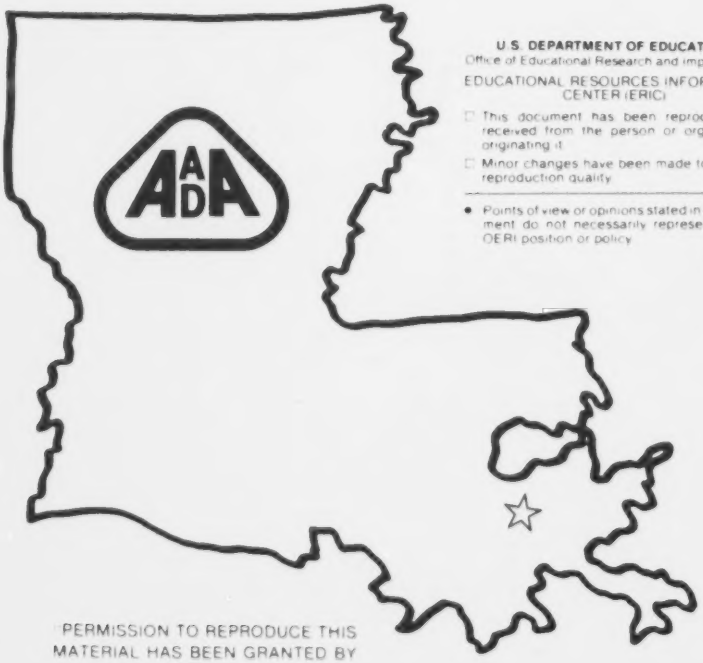

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JOURNAL EDITORS

Larry D. Burlew
Educational Leadership & Foundations
University of New Orleans
New Orleans, LA 70148

James M. Benshoff
Counselor Educ. Program
University of North Carolina, Greensboro
Greensboro, NC 27403

Peter M. Emerson
Counselor Educ. Program
Southeastern Louisiana University
Hammond, LA 70402

AADA OFFICERS

President
Richard Johnson
Dept. Family Practice
St. John's Mercy Medical Center
St. Louis, MO 63141

President-Elect
Marilyn Edwards
714 Sort Rogers St.
Bloomington, IN 47401

Past-President
Lorraine Clark
8144 Walnut Hill Ln.
Dallas, TX 75231

CONFERENCE STAFF

Susan Tynes,. President
Chi Sigma Iota–Alpha Eta Chapter
University of New Orleans
New Orleans, LA 70148

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Chi Sigma Iota–Alpha Eta Chapter
University of New Orleans
New Orleans, LA 70148

Mike Wascome, Secretary
Chi Sigma Iota–Alpha Eta Chapter
University of New Orleans
New Orleans, LA 70148

Lynn Friedman, Treasurer
Chi Sigma Iota–Alpha Eta Chapter
University of New Orleans
New Orleans, LA 70148

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AADA: The purpose of the AADA, a division of AACD, is to provide leadership, advice and counsel to counselors, other persons and service providers in the helping professions, family members, legislators, and other community agencies and persons on matters related to the development of adults across the life span. Second, AADA shall serve as an advocate for quality professional services with appropriate governmental agencies and in the legislative process effecting these services. Third, AADA will promote accurate information regarding the aging process to individuals, families and caregivers.

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Volume 1, No. 3 October, 1990

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FROM THE EDITORS

The creation of the *Journal of Young Adulthood and Middle Age* was undertaken to stimulate interest and research in the often overlooked epochs of young adulthood and middle age. The response to this publication has been extremely gratifying to the editors. This is the third year of publication and the number and quality of manuscripts were exceptional. Both this journal and the national conference on Young Adulthood and Middle Age have received a positive response from the Association for Adult Development and Aging (AADA), which is now forming a national task force dedicated to promoting the study of young adulthood and middle age within AADA.

Articles for publication in this issue were selected with the purpose of including innovative work and research pertaining to men's and women's issues. To accomplish this, calls for papers were published in the *Guidepost*, *Adultspan*, and *Lagniappe*. The editors appreciate the tremendous response and apologize for any inconvenience by the delay in the distribution of the journal. The delay was due to the volume of manuscripts submitted. It was indeed a pleasant dilemma for the editors to have too many submissions. Several manuscripts of high quality were not selected because space limitations did not allow the publication of every manuscript submitted. Additional reviewing assistance was rendered by Bernadette Halbrook, Ph.D. and Susan Tynes, chapter president of Chi Sigma Iota, both from the University of New Orleans. The articles selected varied in length. The format of the journal has allowed for inclusion of both research articles and articles outlining innovative program models.

The editors have enjoyed the opportunity of coordinating and producing this issue. We wish to encourage your feedback and hope you will provide suggestions for improving the future issues. A special thank you is also due to the organizations and officers of AADA, the University of New Orleans, and the Alpha Eta Chapter of Chi Sigma Iota, whose combined efforts make this journal and the national conference a reality.

Larry D. Burlew
James M. Benshoff
Peter M. Emerson

ARTICLES

CONTINUING EDUCATION NEEDS OF COUNSELORS WORKING WITH ADULT CLIENTS: RESULTS OF A SURVEY

Larry Burlew
Peter Emerson

Practicing counselors become almost instantaneously "out-dated" upon graduation from their counselor education training programs. The reason for this is simple: they change, society changes, and client needs constantly change and adapt to the changing environment. With so many nuances in the types of changes and changes in client needs, the question is posed: how can counselors remain intellectually current with regard to the needs of their client populations?

Continuing education for counselors could be defined as "updating and obtaining current knowledge and skills" (Anderson & Heppner, 1986). Anderson & Heppner argued that continual professional updating is necessary because as recently as ten years ago, counselors were not trained to deal with many of today's prominent issues like bulimia, sleep disorders, or spouse abuse (p. 152). Benshoff (1988) concluded that counselors must evaluate their skills on a regular basis and make changes as needed; however, practicing counselors must take the initiative and active steps to accomplish this goal. Finally, the American Association for Counseling and Development (AACD) has noted that "a short-range goal is the need to continue providing professional development opportunities to the membership" (Herr, 1985, p. 398).

Continual professional development is essential if practicing counselors are going to be accountable to their client populations. This article will focus on a client population which is currently receiving much attention, the adult population. Joan Avis (1987) claimed that "adult counseling is an emerging field which applies knowledge about adult

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Larry Burlew, Ed.D., is an Assistant Professor of Counselor Education, University of New Orleans, New Orleans, Louisiana.

Peter Emerson, Ed.D., is an Assistant Professor of Counselor Education, Southeastern Louisiana University, Hammond, Louisiana.

development and life transitions in counseling" (p. 15). Even though she is not the first researcher to identify adult counseling as an "emerging field" (Goodman, 1981), source materials (e.g., Levinson, 1978; Okun, 1984; Schlossberg, 1984) have surfaced only recently to help counselors better understand and meet the needs of adult clients. This lack of resource material may simply be due to the fact that "for many years, psychologists were oblivious to the possibility of adult development and that changes [related to thinking about adult development] have only dramatically occurred within the past decade" (Kaplan, 1988, p. 342).

As Benshoff (1988) suggested, practicing counselors must assertively seek professional development opportunities to enhance and to maintain their counseling skills and knowledge. Professional development can be achieved in many ways. For example, a counselor can (a) read current professional literature; (b) attempt new techniques; (c) return to school as a part-time student; (d) attend professional conferences; or (e) receive continual supervision. For most client populations (e.g., adults), professional organizations exist that are specifically geared to help the counselor keep skills updated.

The Association for Adult Development and Aging (AADA) was established to help counselors address the concerns of the adult population. Still, it has only existed since 1986. One of AADA's major goals is to "serve as a focal point within AACD for information sharing, dissemination, service, and professional development related to adult development and aging" (AADA Brochure). The mid-life subcommittee of AADA determined that more research and professional development activities were needed for counselors working with young adult and middle-aged clients. This generated the idea for a conference and monograph titled *Young Adulthood and Middle Age: A Counseling Perspective.* After the conference, counselors were surveyed with respect to their most pressing development needs in working with adult clients. This article reports the results of the survey.

Conference Overview

The conference on young adulthood and middle age was co-sponsored by AADA, Chi Sigma Iota — Alpha Eta Chapter, and the University of New Orleans/Counselor Education. The major goals of the conference were to (a) train professional counselors on current issues of importance to young adulthood and midlife clients; (b) produce an in-depth

scholarly publication; (c) establish essential networking in an emerging field; and (d) allow the participants to help define areas of need for training (theory, techniques) related to this emerging area.

The conference provided continuing education for professional counselors and counseling students on topics such as: counseling immigrants, adult survivors of child sexual abuse, and counseling HIV positive pregnant women. Each topic provided useful knowledge and insights into adult concerns and provided practical approaches for counselors working with adult clients. The survey was distributed at the closing session.

Survey Results

Conference participants were surveyed to determine the needs for future training sessions on adult development issues. The composition of the participants was diverse with regard to the professionals in attendance, but limited pertaining to students (approximately 60% professional; 80% women and 20% men). Completion of the survey was required to receive a CEU certificate and monograph, so compliance was high. A total of fifty-three surveys (from the possible 63 participants) were completed properly and usable. Respondents selected from a menu of seven pre-selected topics and two open-ended blanks which encouraged the respondents to indicate their own ideas for future topics. The seven presented topics were chosen from a review of the literature indicating that they were frequently encountered issues for the adult population. The results of the survey including the seven areas (numbered 1-7) and the open response results (numbered 8-9) are presented in Table 1.

Future Professional Development Needs: Survey Results

The survey results indicated three distinct areas for continued professional development of counselors working with adult clients (see Table 1). The greatest percentage (64%) was in the "family issues" category. This result should not be surprising because researchers often suggest that many personal concerns (e.g., depression) are really family concerns (Halligan, 1983). Many family counseling issues have recently appeared in the counseling literature. A few examples include: the impact of work on the family (Oppenheimer, 1982); mediation techniques for divorcing adults (Lemmon, 1985); reforming new families (Wald, 1981);

Table 1

Young Adulthood & Middle Age Training Issues			
	Number Indicating Training Needed	% of Respondents	* No. ranking this #1 need
Family Issues	34	64%	20
Sexually/Intimacy	33	62%	13
General Human Development	28	53%	12
Work and Leisure (Career) Issues	26	49%	11
Cross Cultural Issues	18	34%	12
Women's Concerns	18	34%	7
Men's Concerns	7	13%	4
Networking	3	6%	
Non-AIDS Related Gay/Lesbian Issues	2	4%	1
N=53	*9 individuals rated items with a check(s); these responses were all rated as a #1 response, which accounts for 80 ratings of #1 need.		

adults returning home to live with parents (Okimoto & Stegall, 1987). In general practice, many counselors are asked or required to provide services to the entire family (e.g., battered women's centers, hospices), yet their professional training may have included one or two family counseling courses at most.

The second highest number of respondent ratings occurred in the "sexuality/intimacy" area (62%). Counselors dealing with adults must help clients either develop or regain their self-esteem or self-concept regarding sexuality and intimacy issues. For example, a rape crisis counselor must deal with helping a victim rediscover true intimacy or evaluate her feelings about her own sexuality. Similarly, a middle-aged man at fifty may seek counseling with his own concerns about not "performing sexually" like he did when he was 20 or 30. Recent examples from the counseling literature with regard to these issues include: relationship issues in the lives of gay men and lesbians (Groves & Ventura, 1983); the adult bonding process (Janosik, 1986); power in adult relationships (Benjamin, 1988); and incest (Meiselman, 1981). Sexuality and intimacy concerns are common to adult clients, yet a counselor's professional training rarely includes a required course on human sexuality.

The third area focused on "general human development" (53%). If development is defined as an "unfolding of potential" (Kastenbaum, 1979, p. 6), then counselors are intricately involved in this process because they are always trying to help clients reach their potential. During treatment, counselors can intervene in any or all three aspects of human development (i.e., biological, sociological, psychological). Having a current understanding in moral development, for example, helps counselors better understand why some clients make "antisocial" decisions. Similarly, understanding cognitive development may help a counselor decide when to use abstract techniques with a client instead of concrete techniques. The counseling literature does not abound with information on human development and counseling, per se. However, some recent topics in counseling journals include: self-development and ego growth (Hamachek, 1985); mentoring as a developmental task (Burlew, 1989); intimacy and human development (Spooner, 1982); creativity and counseling (Cole & Sarnoff, 1980); and dealing with aging parents (Dobson & Dobson, 1985). New research is being introduced which changes what only yesterday had been accepted as "truth" about human development. Even with a firm foundation in human development principles from one's graduate program, counselors may continually feel a need for professional development in this area.

Finally, work and leisure issues received the fourth highest number of participant responses (49%). The concept of career has changed through the years to include a lifestyle/lifespan approach to career development (Super, 1980). Counselors are faced with adult clients who say, "I want to get a divorce and what career (meaning work and leisure) changes will be involved?" Historically, career was thought to be totally separate from one's personal life (i.e., time away from work); however, the lifestyle/lifespan approach brings career issues into almost every counseling center or private practitioner's office. Some current topics appearing in the literature relate to: the gifted and talented (Kerr & Miller, 1986); midcareer mothers (Lee, 1984); the disabled and career development (Roessler, 1987; Rosenthal, 1985); leisure counseling (Edwards & Bloland, 1980); and employee counseling services (Lee & Rosen, 1984). Keeping up with the changes and innovations in the field of career development is a challenge in itself.

The remaining categories, "cross cultural issues," "women's concerns," and "men's concerns," received a lower number of overall responses. Interestingly enough, cross cultural issues and women's concerns were tied at 34% each, while men's concerns received only 13% of the responses. This disparity needs to be monitored as more information and practitioner reports occur with regard to counseling the adult male, a population which may be sorely overlooked in the professional literature.

Two categories were added under the "two open-ended blanks": networking and non-AIDS related gay/lesbian issues. Even though they received a low percentage of the responses (6% and 4% respectively), these results may indicate future issues with which counselors believe they themselves need training to help adult clients.

Conclusion

This article suggests several continuing education needs of counselors dealing with the adult population. It also emphasizes the need for training in specific topic areas. This article, however,does not imply that counselors are coming out of masters/doctoral level programs ill-prepared. On the contrary, neophyte counselors may be the most "currently" prepared if their professors have remained current with changes in the field.

Despite adequate preparation, the training one receives in a graduate program is only the beginning. As AADA and AACD continually stress, professional development and updating is an ongoing, life-long process. The topical areas presented in this article may offer counselors educators, as well as professionals offering counselor training, a place to start with regard to the most pressing needs for counselors working with the adult client.

Certainly the areas of need for training identified by the conference participants are not new. Family issues (Damon, 1983), sexuality and intimacy concerns (Crooks & Baur, 1980), work (Fein, 1976; Featherman, 1980) and leisure (Atchley, 1980), women's issues (Lerner, 1988), and the others have been topically reviewed in counselor preparation programs. Yet, as Kaplan (1988) indicates, such exhaustive topical coverage does not guarantee training specificity: "I have found that many of the most interesting current and challenging topics and issues, especially those concerning adulthood, are often slighted or presented in a quick box that often makes them seem as if they are not concerned with the mainstream of developmental concerns" (p. XVIII). The conference survey supports the need for specialized training through continuing education experiences designed to enhance and update counselors' abilities and knowledge.

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GENDER DIFFERENCES IN ADULT DEVELOPMENT

Cindy Rigamer

Recognizing differences between males and females is of interest throughout our society and has been for some time. This process of differentiation begins early. Starting in infancy, male babies are dressed in blue and females in pink. People generally speak roughly to boys and softly to girls. When a young boy jumps into a mud puddle and covers himself from head to toe in dirt, we laugh and say, "He is such a typical boy." Likewise when a young girl is dressed in ruffles and lace and cuddles her doll, admiring onlookers may comment how "she is such a dainty little girl." Of course, times are changing. Recently mom has been found leaving the home to work in the morning and dad is doing the dishes. Once-dainty little girls may now don blue jean bibbed overalls, foregoing the frills. Our muddy little boys may now engage in play with dolls. These changes are slow, however, and steadfast traditional differences and stereotypes about males and females are likely to exist for many years.

In addition to these socialization differences, research has focused on many developmental areas of gender differences. This article examines research on differences and similarities in male and female development utilizing the following criterion: a) physiological; b) intellectual and cognitive abilities; c) moral reasoning; d) career; e) marriage and family; f) health and well-being; and g) later adulthood concerns.

Gender Development

Physiological

Physiological developmental differences of males and females appear as early as six weeks after conception and can be found throughout the life span into the epoc of old age. By the sixth week of development, the sex of the fetus can be determined. If the embryo inherited a Y chromosome from its father, a gene signals the beginning of male development.

Cindy Rigamer, M.Ed., is a private practitioner in New Orleans, Louisiana.

Hormones in both sexes begin to prepare the brain for the changes which will occur in puberty.

At birth the skeletons of female infants are slightly more mature than those of male infants. Some studies suggest that newborn girls are slightly more responsive to touch than newborn boys who spend more time awake. Males respond earlier to visual stimuli while females prefer sounds and smells at this age. Males gain and pass females in skeletal maturity by the end of the first year. Boys begin to show signs of greater aggressiveness at two years of age.

Female teenagers begin to fall behind in body strength. Both males and females experience a rapid development of reproductive organs and a spurt in height. When the spurt in height concludes, the average male will be ten percent taller than the female.

Females carry twice as much body fat as males. An adult man carries one and a half times as much muscle and bone. Due to the female hormone estrogen, which works to keep women's bodies in peak childbearing condition, women have some built-in health advantages. Some advantages are more pliable blood vessels and the ability to process fat more efficiently than men.

Women lose some of their protection hormones after menopause due to a drop in the production of estrogen. However, the cumulative advantages from the fertile years persist fifteen years after menopause. Men can continue spermatogenesis until they are in their late eighties and early nineties.

From the moment of conception, when thirteen to fifteen males are conceived for every ten females, females stand a better chance for survival. "Spontaneous abortions of boys outnumber those of girls. More males than females die during infancy, youth, and childhood . . . the life expectancy of females exceeds that of males" (McLoughlin, 1988, p. 52). Genetically, the female is the basic pattern of the species with maleness superimposed on it. This peculiarity of nature has the side effect of making males more vulnerable to a number of inherited disorders, such as colorblindness, hemophilia, leukemia, and dyslexia (McLoughlin, 1988).

Intellectual and Cognitive Abilities

Most of the gender difference studies in the field of intelligence and cognition concentrate on school age children. McLoughlin (1988) reports the following findings concerning intellectual abilities. For girls, at the age of three a slight early edge in verbal ability disappears and reappears when they are ten or eleven years old. Superiority in spatial skills begins to show up in eight year old boys and when they reach age ten or eleven, they start to outperform girls in math. During adolescence female superiority in verbal skills increases. The male edge in spatial and math skills also increases.

Much controversy has resulted from studies on the intellectual differences of males and females, particularly concerning math ability. Benbow and Stanley (1980, 1982, 1983) reported boys scoring higher than girls on standardized math tests. Research criticizing these findings argued that these test results were due to math anxiety, gender-stereotyped beliefs of parents and the perceived value of math to the student (Jacklin, 1989). There are hints that testosterone plays a role in enhancing math aptitude. Girls who have received abnormal doses of the male hormone testosterone in the womb appear to do better than average on math tests (McLoughlin, 1988).

Over the last decades, tests of intellectual abilities have found less differentiation between girls and boys (Jacklin, 1989). Geary (1989) supports this finding and believes that culture and society influence the development of cognitive skills through their impact on the focus of activities. The convergence of male and female cognitive abilities can then be explained as a result of more similar activities being experienced in recent years between males and females. Halpern (1989) argues that the disappearance of cognitive gender differences depends on where you look. "Cognitive abilities are heterogeneous, and whether we find gender differences depends on what, who, and when in the life span we test" (Halpern, 1989, p. 1157). She states that virtually hundreds of studies have found consistent gender differences in three cognitive areas: female superiority in verbal abilities and male superiority in visual-spatial and math abilities. It seems there is an implicit assumption that the disappearance of cognitive gender differences is desirable, but Halpern (1989) points out that the decline in female verbal scores on the SAT means male students are outscoring female students in both portions of the test.

Moral Reasoning

Kohlberg contributed much to our knowledge of moral development, yet it has been recognized that his research included only males. Over a twenty-year period, he studied forty-four boys, but no girls (McLoughlin, 1988). One of Kohlberg's students, Gilligan (1982) reworked Kohlberg's studies, including females in her work. One of the studies used Kohlberg's moral dilemma involving the case of "Heinz." Heinz faced a decision of stealing a drug his wife needed to stay alive because he could not afford to pay the high price of the drug, or obeying the law and letting her die. Gilligan posed this dilemma to a boy and girl both eleven years old. The boy felt Heinz should steal the drug because a life is worth more than property. The girl believed the problem was more complicated. She proposed other ways besides stealing it. She suggested maybe he could borrow the money, but she thought that if he stole the drug, he might save his wife for then, but he might have to go to jail. Then his wife might get sick again, and he would not be able to get more of the drug for her. According to Gilligan, the girl saw the dilemma in terms of a narrative of relationships that extend over time. In contrast, the boy saw the dilemma as a math problem (McLoughlin, 1988).

Besides this study, few reliable gender differences in moral development have been reported (Boldizar, Wilson & Deemer, 1989). However, Boldizar, Wilson, and Deemer conducted a study concentrating on the process of moral development. They found no significant outcome differences between women and men's adult levels of moral development, yet they did find the dynamic social process linking education, occupation, and marriage to adult moral development differed for men and women.

It is well-documented that education plays a substantial role in moral development. Education was more strongly correlated with men's moral judgment development than women's. Among those who earned graduate degrees, men used significantly more postconventional reasoning than did women. In contrast to those who did not receive higher education, men scored lower in moral reasoning than did women with this similar level of education (Boldizar, Wilson & Deemer, 1989).

Occupational experiences can often provide opportunities for moral decision making. Occupational experiences were found to have less of an impact on women's moral development than men. This may be due to women's additional involvement with home and family and less of an exclusive focus on occupation.

Marriage was not found to affect men's moral development, but it had a direct negative effect on women's development. Although the reason for the effect is unclear the following was speculated. The average married woman's age in the sample study was 21.3 years. These women may have had "relatively limited opportunities to independently establish their own identities and life-styles before they became immersed in the gender role expectations of the marital relationship. Thus, the extent to which women have independently experienced a variety of social roles in which they have opportunities to engage in joint decision-making and role-taking prior to marrying may determine whether marriage detracts from the process of their moral judgment development" (Boldizar, Wilson & Deemer, 1989, p. 237).

Career

Machung (1989) reported that the Berkley graduating senior women she studied expected to "have it all." They expected to marry, have children and a career. Machung found that these women were like the majority of others across the nation who simultaneously hope to raise two or three children and to interrupt their careers for extended amounts of time (six months to twelve years) in order to care for their children.

In 1950, only one quarter of all United States women worked for pay. Today, this percentage has doubled. More women are working outside the home as a result of current economics, social pressure, and partly as a function of increasing opportunities (Machung, 1989).

Machung (1989) extensively interviewed thirty graduating seniors consisting of seventeen males and thirteen females of various ethnic classification and socioeconomic status. When asked what they will look for after they finish school, the men responded with a specific job title and could visualize a specific setting. Although many women mentioned a specific job title, others talked in more general, vague terms.

The male students also knew more about entry-level salaries within their chosen fields and talked in terms of salary ranges. The females estimated their earnings on the basis of what men in similar jobs make and most of the women expected to earn less. More of the undergraduate men were majoring in fields like business and engineering which were likely to provide better paying jobs. Although some women were choosing the higher paying fields for their careers, the majority of the women stayed with the traditionally lower paying jobs in the humanities.

"Money" was the reason most men gave for working while women's primary reason was "self-fulfillment" or "independence." When questioned about whose job would come first in a dual career marriage, the majority of males and females feel "his job" would be considered first. They based this upon his earning capacity, assuming the male would have greater earning power. Four of the men and four of the women in the study hoped to live an egalitarian lifestyle (both careers would be considered equally). Machung's study found many women still choose a field that will provide them with a lower-paying job. So, what is the fate of women entering the career world regardless of their traditional or non-traditional career choice?

Martin, Arnold, and Parker (1988) found that women in a non-traditional physician's career are paid less and are less likely to be self-employed. "They are underrepresented in positions of authority within medical organizations and in academia" (Martin, Arnold & Parker, 1988, p. 333). In a study by Goktepe and Schneier (1988), the influence of sex, gender role characteristics and interpersonal attractiveness on the selection of emergent leaders was examined. In looking at past research utilizing lab experiments, it was noted that women had difficulty becoming the leader even when their personalities appeared to be well suited for the role. In field research, however, no differences were found in the proportion of male and female leaders to emerge. Goktepe and Schneier (1988) studied sixty-two men and sixty women enrolled in personnel management or business policy courses. Twenty-eight sexually heterogeneous groups were formed by the students themselves primarily on the bases of proximity. The groups performed "sex neutral" tasks for valued rewards over many weeks of interaction. No significant differences were found in the proportion of men and women to emerge as leaders. However, "regardless of sex, group members with masculine gender role characteristics emerged as leaders significantly more than those with feminine, androgynous, or undifferentiated gender role characteristics" (Goktepe & Schneier, 1988, p. 165). Also leaders were found to receive significantly higher interpersonal attractiveness ratings than nonleaders.

Are males or females more productive in the career world? In a study by Boyan (1989), saleswomen were found to be selling more and were more productive than salesmen. A 1985 American Marketing Association report attributed the following characteristics to females' higher production rate: women are perceived as being less threatening, better listeners, more empathetic and more intuitive. It is also believed women express themselves better and since only 20.5% of professional salespeople are

female, women in the sales profession are still a curiosity, which may be in their favor (Boyan, 1989).

Another aspect of productivity, absenteeism, is an important consideration. Scott and McClellan (1990) found an employee's age and attitude toward pay were the only factors found to exhibit a gender-related impact on absenteeism. Females had higher rates of absenteeism than males and rates were highest during their childbearing years. This corresponds with the theory that women take more child care responsibility and are more likely to stay home to care for a sick child. The findings that women's absenteeism increased with their satisfaction in pay contradicts most theories that absenteeism decreases with pay satisfaction. Scott and McClellan (1990) offered this explanation: "women may be working to help make financial ends meet in the household. Once those needs are met, they may turn their efforts to other roles in the household including motherhood and therefore have longer periods of absence" (p. 250).

How do women in the working world affect men? Men in a gender-segregated work setting report "significantly lower job-related satisfaction and self-esteem and more job-related depression than men in either male- or female-dominated work settings, even after controlling for individual, job, organizational, and economic determinants of well-being" (Wharton & Baron, 1987, p. 574). These findings differed from past theories which suggest men are uncomfortable with gender integration due to a fear of depressed earnings and psychological distress from occupying low status, "female" jobs (Wharton & Barton, 1987).

Tait, Padgett, and Baldwin (1989) examined the relationship between job satisfaction and life satisfaction. They found the relationship was much stronger for men than for women in early studies. In recent studies, however, this gender difference has disappeared, indicating the relationship between life and work has changed substantially for women. For many women now, their identities are no longer defined exclusively by their homes and families, but also by their jobs (Tait, Padgett, & Baldwin, 1989).

Marriage and Family

In Machung's (1989) study, both men and women expected to marry and stay happily married. Currently, 90% of all United States women and men do marry, but close to half of these marriages end in divorce (Machung, 1989).

Today, three-fifths of all United States women with children work outside the home. Management of household/domestic affairs and child care has become a major issue for dual-career families (Machung, 1989). Although most of the students in Machung's study came from traditional homes with mom at home and dad as the breadwinner, both male and female students believed in an egalitarian division of labor around the house. Traditional male students said they would be willing to help out with household chores and traditional females expected this of them. However, men's willingness to cooperate was conditional in that they did not want to be told what to do. Neither did they want their contributions tallied and measured against their wives.

A general consensus from these students was that they hoped to live an egalitarian lifestyle when they marry. However, consistent research over the past twenty years reports that employed wives work ten to fifteen hours more a week than their husbands (Machung, 1989). Both male and female students in Machung's study agreed child care is the female's job. In the real world, females do still play the role of primary nurturer.

So what becomes of the females who "get it all"? Sekaran (1989) studied eighty-five couples in dual-career families and found that the women who had high self-esteem and a sense of competence experience tensions because of excessive role overload. They may also experience lower levels of job satisfaction. It appeared from Sekaran's (1989) study that "even in our contemporary society where women are becoming more career minded, their orientation toward nurturing, relational responsibilities, especially at home still seems to persist" (p. 112). This alone is all right and is not a cause of concern, but if their spending more time outside the home impacts negatively on their job satisfaction, there could be some adverse consequences for both the employer and women's own experienced quality of life. This study also lends support to the idea that "despite having career spouses who need help in the domestic area, men still cling to their basic egocentric acculturation and derive greater satisfaction when they spend more time at work" (Sekaran, 1989, pp. 112-113). This also is all right if it does not create frustration within the family setting. However, research indicates marital problems do stem from "the discordant asymmetrical overlaps of the family and work roles for men and women" (Sekaran, 1989, p. 113).

Although women are contributing to the economic welfare of their families, men are lagging in their contribution of household chores and nurturance. Many women enter the work force as a necessity for their

family to survive. In these particular situations, unless husbands make more of an adjustment from traditional roles, the family's well-being may still be jeopardized.

Society in the past has perhaps discouraged men from involving themselves in household management and nurturing. Still, Jacklin (1989) suggests that males are capable of nurturing when they are simply put in an environment which elicits this response from them. Many studies using this concept claim we are the company we keep. This means that if an individual spends his or her time with an infant, not only will the infant exhibit nurturing responses, the individual spending time with the infant will become a nurturer. Therefore, our society need not limit its encouragement of nurturance to females. In fact, encouragement of nurturance in males could even be a possible antidote for violence (Jacklin, 1989).

A final look at the prominent dual-career family in comparison to a single-career family questions whether their differing resource exchange patterns can predict a difference in marital power. Sexton and Perlman (1989) reported that the two types of couples did not differ in perceived power nor in self-reported strategies for influencing spouses. Gender role orientation was also expected to influence marital power. Although the single-career wives perceived themselves as more feminine, results showed no affect on marital power due to gender role orientation. Change in societal gender norms was apparent in this study in that many of the women in the sample, whether they were full-time homemakers or career-oriented wives, perceived themselves as active, assertive people, characteristics and perceptions once held more traditionally by men (Sexton & Perlman, 1989).

Health and Well-Being

Many differences in the health and well-being of males and females have been cited in empirical research. When considering self-perceptions, females respond with a protocol that is up to twenty percent longer than male subjects. Also, females provide descriptions that are more abstract than those of males, and they refer to a greater number of personal qualities in their descriptions. Females mention gender as part of their overall self-concept while males include gender as part of the distinct category "physical self-concept" (Brinthaupt & Lipka, 1985).

Jackson, Sullivan and Hymes (1987) examined the differences between men and women and how they rated the attractiveness of, importance of, and desire to change the physique and facial appearance. Women were

found to consider all components of appearance except height to be more important than men. Also consistent with past research, women were more interested in changing their appearance than were men (Jackson, Sullivan & Hymes, 1987).

Women report eating to be more problematic than do men. In a study by Simmons (1987), eating behaviors of men and women were studied. "Women reported, more than did men, that they plan their eating pattern and reward good eating behavior. Additionally, women eat more than they should, they are overweight, have digestive disorders and engage in self-induced vomiting. Men reported, more than did the women, that they stick to an eating plan, eat the same amount daily, have stable weight status, and experience satisfaction when they have eaten" (Simmons, 1987, p. 59).

Wood, Rhodes and Whelan (1989) studied sex differences in positive well-being. Women reported greater happiness and life satisfaction than men. The difference was attributed to men and women's social role. Women are more likely than men to be sensitive to and expressive of emotional experiences. Also, in general, women appear to express more extreme levels of positive and negative well-being than do men. For both males and females, the married status was associated with favorable well-being with females still reporting the more favorable well-being (Wood, Rhodes & Whelan, 1989).

Later Adulthood Concerns

As housekeeping and childcare are major issues in young and middle adulthood, caregiving to elderly parents is a family division of labor concern in later adulthood. Finley (1989) explored gender differences in caregiving to elderly parents. Currently, females assume the responsibility for aging parents more than males do. One assumption is that males are less likely to take this responsibility because it is not part of their gender role expectations. However, "males are as likely to feel obligated to care for elderly parents as are females, but they do not necessarily act consistently with that attitude" (Finley, 1989, p. 79). Another consideration was termed external resources in the study and referred to levels of education and working status. This hypothesis suggests that "persons with resources that translate into power in family negotiations spend less time in caregiving" (Finley, 1989, p. 80). It was found, however, that even when employed, daughters still provided more of the help with aging parents. "Regardless of the time available, the attitudes of obligation, or the external

resources, women provide more care for their elderly mothers than do males" (Finley, 1989, p. 84).

Will women's investment of time and energy pay off later when they themselves require caregiving in their old age? Spitze and Logan (1989) examined studies in which some researchers supported the opinion that women do benefit from their kinkeeping while others argued that the investment some women made "was in most cases tragically doomed" (DiLeonardo, cited in Spitze and Logan, 1989, p. 108). The results from Spitze and Logan's study provided weak evidence that women's earlier childcare and kinkeeping activities do indeed pay off in more contact and assistance in old age. Elderly women who live alone live closer to children and receive more phone calls and visits from children then do men. It is more likely that elderly women will find themselves in need of assistance from someone other than a spouse. Men have a higher mortality rate up to this age and, therefore, are less likely to face this situation. Living arrangements of men and women aged sixty-five and older who had no spouse, were found to be similar with approximately equal proportions living alone or with relatives. Despite virtually identical subjective health assessments for males and females, females reported more needs and functional limitations. Women receive more help in most age groups and living situations. Spitze and Logan suggested that the higher levels of help received by women were mainly due to their greater reported needs.

Implications for Counseling

In the counseling relationship, it would seem advantageous for the counselor to answer the following questions concerning gender:

1) What is the individual's frame of orientation to his/her gender? Was the individual brought up believing his/her gender played a significant role in his/her success or failure in life?

2) What are the individual's current attitudes about his/her gender identity and how society views it?

3) Will the individual confide in a counselor of the opposite sex or will he/she feel more comfortable talking to a counselor of the same gender?

4) Does the counselor feel he/she is more or less effective in establishing a rapport with an individual of the same or different gender?

5) Has the counselor examined his/her own beliefs about gender, particularly in use of assessment tools (interest inventories, personality and intelligence tests)? Interpretation of such tests should rely on factual data measured and should not be biased by the counselor's own stereotypical gender expectations.

Conclusion

Differences between males and females seem to abound. From the distinct biological roles to the more subtle attributes of our gender, numerous departures from the gender-neutral disposition sought after by some researchers is found. The author has concluded that a gender-neutral understanding may be more beneficial for human kind (i.e., "The ultimate goal is presumably a sex-neutral psychology of people . . ." [Baumeister, 1988, p. 1093]). Baumeister (1988) also suggests that we gradually abandon the study of sex differences. He believes the initial reporting and publicizing of gender differences was a necessary step in overcoming the masculinist bias that had led researchers to consider only men in their studies. He feels, however, that this goal has been achieved and that the furthered demonstration of sex differences perpetuates stereotyping and discrimination. While the historical bias has been nullified, the danger of stereotyping remains.

Yet, counselors must recognize the value of understanding sex differences. The roles men and women play are anything but arbitrary -- stemming from our biologically unique abilities to the extensions of gender characteristics we associate with nearly every behavior. A truly complete psychology void of gender differences may not be possible. The nurturing characteristic of females may be directly attributed to biological capabilities -- giving nourishment to a newborn is a female exclusive. Differences in strength between men and women have, to some extent, defined types of activities they engage in. Although technology provides alternatives which serve to diminish the effective differences, such changes are slow to gain our acceptance and may never impact our underlying nature. As a counselor, the emphasis is in understanding the individual -- a task which calls for an understanding of people in general and the application of tools

to facilitate an understanding of the individual. The study of gender differences is certainly among these tools.

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DEVELOPMENTAL COUNSELING AND THERAPY WITH INVOLUNTARY MIDLIFE CAREER CHANGERS

Dianne M. Kenney
Joseph G. Law

Increasing numbers of the American workforce are changing careers, some by choice and others by necessity. Although any form of change may be associated with stress, voluntary career change does not typically carry with it the same degree of psychological distress as when the career change is involuntary, in part due to dramatic decreases in important areas of life functioning (Warr, 1984). For example, in reviewing the Census Bureau's Current Population Survey, Wegmann (1991) observed that while approximately 7 out of 10 voluntary career changes result in increased income, 7 out of 10 involuntary career changes are followed by a decrease in income. When such involuntary career change occurs at midlife rather than in young adulthood, the degree of psychological distress may be even greater.

The real issues which are associated with involuntary midlife career change often become blurred in the cognitive perspective of the person affected. Reactions to involuntary job loss may differ not only on the basis of individual characteristics but also on the basis of gender-socialized characteristics and expectations (Astin, 1984; Cook, 1990). The gender-aware counselor must recognize the impact of the sociocultural context on adaptation to involuntary loss of a career.

Counselors involved with helping involuntary midlife career changers would thus seem likely to benefit from a dynamic model of counseling which is responsive to the changing, individual needs of their clients. Most models of helping are static and must be "adapted" by counselors. For example, Hurst and Shepard (1985) have emphasized the need for flexible counseling interventions with involuntary career changers. In describing their experiences with over 650 dislocated workers, they

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Dianne M. Kenney is an Assistant Professor, University of South Alabama, Mobile, Alabama.

Joseph G. Law is an Associate Professor, University of South Alabama, Mobile, Alabama.

encountered considerable resistance and negative reactions to vocational guidance, interest assessment and training. Many of their clients were preoccupied with the unfairness of what had happened to them and were unable to focus on the future (Hurst & Shepard, 1985). Unless the counseling approach is adequately flexible to address the key meaning issues presented by a client (e.g., unfairness of involuntary loss of a career), counselors may not be able to facilitate the normal developmental processes associated with such major life transitions.

Perosa and Perosa (1987) have proposed a framework for counseling midcareer changers which relates cognitive and emotional factors to client presenting problems and links these with commonly used counseling strategies. Their framework is more comprehensive than approaches which focus solely on the client presenting issues. However, Perosa and Perosa (1987) acknowledge that their model as presented is static rather than dynamic, as are client behaviors, and thus caution should be used that it should be used flexibly by creative counselors.

The Developmental Counseling and Therapy (DCT) model of Allen E. Ivey (1986; 1988; 1991) is proposed here as a practical, dynamic approach for helping involuntary midlife career changers. "DCT specifically addresses the sequence and process of development as it occurs in the natural language of the interview" (Ivey & Ivey, 1990, p. 299). DCT not only can help counselors conceptualize the complex issues which are associated with involuntary midlife career change but it also provides appropriate strategies for intervention which are flexible enough to be incorporated into the various theoretical orientations of counselors.

Bradley (1990) has described the midlife career changer as "a man or woman in the middle years of life (35-55) making a career change" (p. 3). Younger than age 35, people are often still involved in training and establishment in careers. Older than age 55, people are typically concerned with retirement issues or changing positions rather than in establishing a new vocation. Consequently, career change at midlife occurs during a time when workers are usually concerned with consolidating and improving their status in their chosen occupation or in maintaining and preserving the occupational status they have achieved (Jordan & Super, 1974; Super, 1957).

Involuntary career change is when such change is not initiated by "the worker's desire to capitalize on opportunity or pursue new or old aspirations [and] may be undesired, unexpected, and often disadvantageous

to the worker" (Isaacson, 1985, p. 391). There seems to be an increasing need for career change counselors "because of business failures, technological innovations, economic fluctuations, and social changes" (Hurst & Shepard, 1986, p. 405).

Because a period of unemployment is common for those who involuntarily change jobs or careers, counselors must be aware of the undesired, unexpected and disadvantageous variables affecting clients' intrapersonal and interpersonal functioning. Warr (1984) identified several of these variables as decreases in important areas of life functioning during unemployment. These areas include: decreased financial resources; variety and level of activities; variety of environmental surroundings; number of social contacts; temporal structure; and sense of personal identity. Thus, it is not surprising that counseling involuntary midlife career changers requires attention to complex matters beyond those of the more concrete, but necessary, provision of occupational information and assistance in vocational decision-making and job-seeking.

One example of involuntary midlife career changers is those individuals whose jobs have become obsolete due to technological advances. The National Alliance of Business (cited in Hoyt, 1989) has reported permanent displacement expectancies of 1.5 million workers each year due to high technology. Others who are required to change careers at midlife include, but are not limited to, the following: those who have been fired for unsatisfactory performance; workers whose companies have discontinued operation; dislocated farmers; dislocated homemakers; and workers who become disabled and can no longer perform their work-related functions. Counselors can thus anticipate a continuing need for professional services related to involuntary career change.

In this article, common issues surrounding involuntary career change at midlife and specific issues related to gender and disability will be described. Ivey's (1986; 1988; 1991) DCT approach and his conceptualization of four cognitive-developmental levels will be discussed. Case examples will be used to demonstrate use of specific questioning strategies suggested by Ivey (1991).

Issues Surrounding Involuntary Career Change at Midlife

When people are forced to make changes rather than choosing to do so, strong emotional reactions are common. When this forced change

involves a job or career, the individual may feel psychologically devastated, "as a job is closely linked to one's identity, self-esteem, and self-worth" (Bradley, 1990, p. 7). Involuntary career change may be thought of as a type of undesired transition. Schlossberg (1981) has identified several factors that can influence an adult's coping responses to transition. These factors are grouped into three major sets: "(1) the characteristics of the particular transition, (2) the characteristics of the pre- and post-transition environments, and (3) the characteristics of the individual experiencing the transition" (p. 5).

Concerning the first set of factors, involuntary career change is a form of transition where "some form of loss or threat is experienced" (Brammer & Abrego, 1981) because the role change was not by choice. Feelings of grief typically follow this experience of loss. Isaacson (1985) has stated that "the effect on the individual is not unlike the grief experienced with the loss of a family member . . . Until the grief aspect can be resolved, little can be done profitably in career planning" (p. 392). This grief response may be exacerbated when the change or transition is permanent and because the source of the transition was external to the involuntary career changers rather than within their control. Even though clients may initially view the transition or involuntary career change as a loss, Ivey (1991) provides a positive frame for change as "an opportunity for development" (p. 106) which may be helpful to counselors in working with this problem.

The sequence of experiences of the involuntary midlife career changer are similar to those in the grief cycle stages described by Hopson and Adams (1977). These seven stages are: (1) shock and immobilization, (2) denial, (3) depression, (4) letting go, (5) testing options, (6) search for meaning, and (7) integration. The stages are similar to those outlined by Kubler-Ross (1969; 1975) in her study of terminally ill patients.

Viktor Frankl (1978) has described "unemployment neurosis" (p. 25) as when clients confuse being unemployed with a sense of uselessness and meaninglessness of life. Although unemployment neurosis is not a DSM-III-R (1987) diagnostic category, the experience of the authors supports the notion that involuntary midlife career changers often present for counseling with a sense of uselessness and meaninglessness of life. Young (1986) has stated that "the events and problems of unemployment may be less distressing if the client has tried to make sense of his or her situation. The first step in being responsible for events is to have some meaningful explanation for them" (p. 377). It would thus seem an

appropriate task of counselors working with the population of involuntary midlife career changers to facilitate their search for meaning. This is the sixth stage of the Hopson and Adams' (1977) grief cycle.

When the particular transition involves adaptation to a disability which precipitated career change, the loss of career is secondary to the loss of physical capabilities, but both are key areas related to a person's identity. However, counselors must be aware that the characteristics of the individual, Schlossberg's (1984) third set of factors, may mitigate or exacerbate the client's reaction to the particular transition.

Counselors should also be aware of the second set of factors, the physical setting and the support systems which characterize the pretransition and posttransition environments (Schlossberg, 1981). The greater the degree of change from the pretransition to the posttransition environment, the more difficult the adaptation may be. In addition to a change in the work-related role, involuntary career change typically involves varying degrees of change in the areas of income, friendship from coworkers, and family role.

Personal behavioral dispositions to mobilize support systems may be related to the sociocultural context of sex differentiation. Women are more likely to rely on a broader "range of social support in times of stress, whereas men are likely to rely exclusively on their wives" (Cook, 1990, p. 373). Counselors should evaluate the extent of this tendency for individual clients as there may be indications for conjoint counseling sessions with client and the spouse to facilitate the client's adaptation to transition.

The third set of factors, characteristics of the individual, will color the response pattern and include the gender and the age or life stage of the individual. At midlife, the expected pattern is for workers to be peaking in career productivity, in salary earned, and in self-satisfaction. They are usually concerned with advancement in their career or in maintaining the career status they have achieved (Jordaan & Super, 1974; Super, 1957). Involuntary midlife career changers, however, are caught in the discrepancy between their expectations for career stability at this time in life and the reality of forced change in their worker role and the aftermath of such a major life change. With time, positive aspects of the role change may be perceived but the initial shock and grief associated with involuntary career change must be recognized and dealt with appropriately.

Gender may impact psychological adjustment to transition not so much because of sex, but rather because of "life conditions that are systematically related to it by cultural prescription, regulation, or arrangement" (Lott, 1985, p. 162). Men and women "face different expectations, opportunities, and rewards" (Cook, 1990, p. 373) in contemporary North American society. This sex differentiation may contribute to the tendency for women to more readily respond to transition with more obvious symptoms of depression. Men may be more prone to avoid, deny, or camouflage their depression because of their gender socialization" (Cook, 1990, p. 372). Depression is the third stage of Hopson and Adams' (1977) cycle.

Wortman and Silver (1987) have reviewed stage models for coping with trauma and loss. They cite research which seriously questions the beliefs that, after loss, depression is inevitable, positive emotions are absent, failure to be distressed is pathological, and that recovery is expected. There appears to be enough variation in the way people cope with loss that it is difficult to establish clear markers for normal grieving. As a result, counselors are cautioned against expecting clients to move in a textbook fashion to a state of recovery (Wortman & Silver, 1987). This caveat is consistent with Ivey's (1988; 1991) emphasis on both horizontal and vertical development and the intentional use of specified questioning techniques to facilitate individual client development. Ivey's DCT techniques are dynamic and flexible, enabling them to be adapted to clients regardless of whether they are adjusting to loss in an expected stage-specific manner.

The authors' experience has been that injured clients who come for personal adjustment counseling are often well past the first two stages and present for counseling in a depressed state. Some may have only moved beyond the first stage in which they were basically immobilized and not able to comprehend the meaning or implications of their injury.

Some clients who are referred for vocational counseling as a part of their rehabilitation are still partially in the denial stage in that they are not attempting to deal with the full emotional impact of their injury. Whether a client is manifesting denial or depression, it is usually evident that the individual is not at a stage in which active planning for education, retraining, or job placement is feasible.

Table 1

Sample developmental statements and questions for involuntary midlife career change clients

Identifying cognitive-developmental level

What happens for you when you focus on . . . career issues? . . . your injury? . . . the plant closing?

Sensori-motor

Get a single image in your mind involving your . . . work/career . . . medical treatment . . . homemaking.

Describe what you see. What do you hear?

What are you feeling? Where is this feeling in your body?

Concrete operations

Could you give me a specific example of your work activities?

Describe one of your homemaking activities in detail.

What happened before this incident? After?

Formal operations

In what other situations has this happened? Have you felt this way before?

What common thinking patterns can you identify?

Dialectic/systemic

How do you put together all we've been talking about?

How might your thoughts and feelings about work have taken form in your family of origin?

How do you see the sex typing of jobs in society as influencing your expectations about work?

Source: Adapted from Developmental Strategies for Helpers: Individual, Family, and Network Interventions, by Allen E. Ivey, 1991, Pacific Grove, CA: Brooks/Cole.

Ivey's Developmental Counseling and Therapy

Ivey's DCT model has proven especially useful to the authors in counseling midlife adults who are coping with major life changes that are largely beyond client control (e.g., injury necessitating career change, factory shut-down, death of spouse). Because of its flexible, dynamic approach to counseling intervention, DCT lends itself well to facilitating movement through the recovery cycle for midlife involuntary career change clients.

Using the DCT approach, a counselor looks beyond individual client development and focuses "on how development plays itself out in the helping process" (Ivey, 1991, p. xi), in the shared context of the counseling relationship. The DCT model can assist counselors in matching interventions with the special needs and abilities of their clients in a task-specific manner. DCT is based on the premise that most clients will present themselves at different cognitive-developmental levels for different topics. Ivey (1986; 1988; 1991) proposes four levels of cognitive-development which are based on Piagetian notions (Piaget, 1963; 1965; 1972).

For each of the four levels proposed by Ivey, specific questioning techniques may be used to intentionally match or mismatch the level demonstrated by the client (refer to Table I). When the questioning techniques match the cognitive developmental level of the client, the purpose is "to help clients expand their understanding at their current level" (Ivey, 1991, p. 55). This is referred to as horizontal development. When the questioning techniques do not match the cognitive developmental level of the client, the purpose is to help clients move up to more complex ways of thinking or down to build more solid foundations" (Ivey, 1991, p. 55). This is referred to as vertical development.

Ivey's four levels of DCT are sensorimotor; concrete operations; formal operations; and dialectic/systemic. At the sensorimotor level, the counselor's goal is to allow the client to elaborate on the presenting issue, permitting introduction of random elements. At the level of concrete operations, the goal is to obtain a clear, linear description of events from the client. The goal at the formal operational level is to bring out repeating patterns of behaviors, thoughts and feelings for client examination. At the dialectic/systemic level, the counselor's goal is to see how the client can integrate all aspects of the situation, as well as to encourage family and systems thinking.

With training in DCT, counselors can evaluate the level at which clients are functioning related to a specific task after eliciting 50 to 100 words related to the topic. In this manner, counselors can match their personal, therapeutic style to the task-specific developmental needs of each client. The authors have found the DCT approach to be adaptable to varying theoretical orientations of counselors as well as to the varying needs of clients. Two case illustrations follow which describe the use of DCT with a male and a female client facing different issues revolving around involuntary midlife career change.

Case Illustrations

Case 1: Reassigned Male

Paul is in his early 50's and had been working as an upper-level manager for a privately owned steel company for several years when it was acquired by a much larger steel corporation. He had been referred to as the "right-hand man" of the former president of the company. In the terms of the buy-out, the former president had negotiated that Paul would be guaranteed a comparable position for one year at his present salary.

For the first two months after the change of company ownership, Paul reported that he was very actively involved in a leadership capacity, educating the new upper-level managers who were brought in by the new corporation. He also was educated by them as to the corporation's approach, which in may instances differed dramatically from the way things had been. Paul reacted to all of the proposed changes by asserting his personal thoughts regarding the viability of these changes.

After this two month period, Paul was called in to the new president's office and informed of a reconceptualization of his position. Although he was given a new title which sounded good, he stated that essentially he felt like he was being shelved. The duties which were outlined were no more than busywork. He compared what he was now doing professionally to being on welfare (i.e., he was collecting money but wasn't doing anything to feel like he was earning it). By the fourth month after the buyout, Paul said he realized that the corporation would probably not retain him after the one year period that had been guaranteed.

When Paul approached the counselor, he had already been engaged in job seeking for seven months. Resumes had been sent, job-seeking

contacts had been made, and he had even been on several interviews for positions comparable to what he had held prior to the company takeover. However, none had resulted in an offer of employment, much to his discouragement. He also reported that he was now fearful that he would not find a new position by the end of the one year guaranteed period.

Paul reported that he had previously received vocational counseling and brought to the initial interview the results of interest inventories. He relayed information regarding the vocational assessment and his employment history in great detail, providing evidence of functioning at Ivey's level of concrete operations.

The counselor then attempted to have Paul become well-grounded in the sensory experiences surrounding the issue of job displacement. At this point, however, he was resistant to engage in discussion at the sensorimotor level. The counselor then shifted her questioning approach to the level of formal operations, encouraging Paul to consider the patterns of thoughts, feelings and behaviors related to his work history. Paul eagerly responded at this level of thinking about his feelings rather than re-experiencing these feelings.

The counselor continued formal operational questioning, relating patterns of educational and work behaviors within Paul's family of origin. Eventually, this led to observations about unspoken family rules which Paul was able to evaluate for functionality at the dialectic/systemic level. The next step involved summarizing at the dialectic/ systemic level regarding the role of work within Paul's family of origin and societal expectations of work performance for men. In the initial session, the counselor continued by directives to ask Paul to imagine childhood situations involving work. At this point, the client was able to become grounded in his feelings and sensorimotor experiences. The counselor then proceeded to explore with Paul his feelings related to the reassignment at work and the imminent loss of employment. Identifying and feeling his sense of loss, abandonment and anger set the stage for continuing vertical development.

After sharing experiences at the sensorimotor level (consistent with Hopson and Adams' fourth stage of Letting Go), Paul was ready to explore career options that he had not considered previously. Paul decided that the entrepreneurial spirit transmitted through generations in his family had not yet been recognized in his career. He believed the moderately high score for the Enterprising general occupational theme on his *Strong Interest*

Inventory (SVIB-SCII) corroborated that he had either inherited or learned the associated characteristics of Enterprising people in his family of origin.

Paul proceeded to investigate the possibilities of consulting and having his own business like his parents. Paul's Testing of Options, Hopson and Adams' fifth stage of the transition cycle, involved much research and planning which Paul felt helped him to regain a sense of control over his life. The client concurrently explored the meaning of work in his life per Hopson and Adams' sixth stage and how the meaning was evolving for him.

Although Paul still did not have employment or his own business, counseling was discontinued with follow-up planned for six months. Paul indicated he would contact the counselor for further assistance if he thought it necessary in the intervening time.

Case 2: Disabled Female

Leana is a 47-year-old secretary who was injured in a fall at work. As a result of the fall down a flight of steps, she had been diagnosed as suffering from post-concussional syndrome, a herniated disc in her neck, and had also been in the midst of a major depressive episode. The injury occurred two years prior to her initial counseling session and in the intervening time she had been treated by two orthopaedic physicians, a psychiatrist, a neurologist, and two psychologists. Her employer terminated her and her insurance carrier refused to pay any workers' compensation. She had been unable to find employment, resorting to group therapy with a psychologist and medication from a psychiatrist to assist with her depression.

During the first interview she was asked to describe details of her injury. She had some difficulty in verbally expressing what happened and her body language strongly suggested she was emotionally conflicted. Her verbal presentation was assessed as representing Ivey's sensorimotor level. The counselor interpreted this as a strong indicator that she was still partially functioning in Hopson and Adams' denial stage. Leana was trying to keep events out of her awareness and experienced sadness whenever they broke through (when asked to describe the injury). When asked to describe whatever image came to her mind when she thought of the injury, Leana broke into tears.

Leana and the counselor focused on the sensorimotor components of her injury, with an emphasis on pain and feelings of fear during and immediately after the fall. After she had an opportunity to react to the sensorimotor component and to talk about the actual details of her injury, the interview focused on a concrete description of the medical intervention which followed her injury. Much of what happened during the two years post-injury was also emotionally painful for her. The inability of numerous physician to clearly assign exact diagnoses and the need for psychiatric care were very disturbing to her. Attempts to recall concrete details of her medical treatment pushed her back again into a sensorimotor mode. She began to talk about her fear of losing her mind, losing her ability to work as a secretary, and losing her self-respect and independence.

Questioning probes from the counselor identified patterns of anger, withdrawal from others, and submitting to her symptoms. She felt considerable anxiety about her future. Leana clearly had not progressed beyond the Letting Go stage. Attempts to engage Leana in interest assessment or job search activities would have been inappropriate at this stage of the recovery cycle, a finding which was underscored by Hurst and Shepard's (1985) work with dislocated employees. Attempts to help Leana analyze (Ivey's level of formal operations) and find meaning in her experiences resulted in regression to sensorimotor behavior, usually that of tears. She could not talk about her feelings because she was what she felt. The counselor began to gradually move her away from the sensorimotor level by encouraging her to talk about behavior, rather than feelings, at the concrete level.

Leana gradually developed the ability to separate her sense of self from environmental events. When asked what basic rule of life she was operating under, she replied "I can't do anything right! I'll never work again. I'm a failure!" Because "clients talk about what their therapists reinforce" (Ivey, 1991, p. 54) and negative "I statements" are indicative of a low developmental level of functioning, the counselor continued to facilitate Leana's vertical development to the level of concrete operations. This was accomplished by asking her to describe her successes in concrete, behavioral terms. The focus on a description of Leana's successes rather than her failures is consistent with Frankl's (1978) technique of de-reflection where the counselor facilitates the client's view of positive aspects of an issue rather than the negative aspects of the same issue on which the client has been hyper-reflecting. The attention to behavioral descriptors of Leana's success rather than her failures allowed Leana a more balanced appraisal of herself and her abilities. Helping Leana to see herself

differently at the concrete level prepared her for eventual self-reappraisal at the level of formal operations.

Leana was eventually able to understand the pattern of failure-frustration-withdrawal-low self-esteem which she had enacted in her life. She was encouraged to explore the meaning of her injury and resultant loss of employment. Leana sought and found comfort in her religious faith. She joined a support group and a church volunteer group. When the counselor turned her case over to another worker, Leana was still struggling with periods of depression. However, she had learned to think about her experiences more objectively and was developing personal goals, other than employment, which were meaningful to her.

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RELATIONSHIP OF GENDER-ROLE CONDITIONING TO SELF-ESTEEM IN WOMEN

Vonda O. Long, Ph.D.

Self-esteem continues to be one of the most studied concepts by counselors, educators, and other mental health professionals. The reason for this may be that self-esteem is an integral aspect of mental health. Self-esteem is valuing one's self based upon perceived strengths (Shostrom, 1974), or literally "esteeming the self," resulting in feeling good about one's self. Because feeling good about one's self is a general goal for most counseling clients, understanding the variables affecting self-esteem should be of interest to therapists. One variable which may have a major impact on self-esteem is gender role conditioning.

Traditional Gender Role Conditioning

The acquisition of appropriate sex-typed behaviors and characteristics, resulting in a masculine identity in males and a feminine identity in females, is considered a prerequisite to mental health and one of the most salient lessons in society (Kagen, 1964; Kohlberg, 1966; Mischel, 1966). Masculinity is considered instrumental and competency-oriented, including such traits as independence, objectivity, rationality, and competitiveness; while femininity is viewed as expressive and relationship-oriented, with traits such as dependence, intuition, emotionality and submissiveness (Bem, 1974; Singer, 1976). Moreover, while differential behaviors and characteristics are endorsed in the sex-typing process, the more competency-oriented masculine traits are consistently viewed as more positive and more valued than feminine traits by society (Bassoff & Glass, 1979; Deaux, 1984). Consequently, women experience an additional, developmental challenge in the formation of self-esteem, based on the fact that they are female and, therefore, accorded a less-valued status in society. The female gender-role is specifically associated with a number of issues, such as feelings of dependence, passivity, fear of success, and discrediting one's own abilities, which are directly related to how one perceives one's self.

Vonda O. Long, Ph.D., is an Associate Professor, Department of Counseling and Family Studies, University of New Mexico, New Mexico.

Many issues affect the self-esteem of women. For example, studies reveal that not only do many females fear success, but that much of their fear of success, independence, and achievement is related to the belief that such traits are incompatible with femininity and their female gender-role (Horner, 1970; Sassen, 1980). In an impressive classic study, Kagen (1964) identified dependency as the personality dimension with the greatest predictive consistency for females from childhood through adulthood. This demonstrates the degree to which depending is encouraged as a personality trait in women. Sex differences contribute to the higher incidence of depression among women, suggesting a relationship to the female gender-role and self-esteem (Frank, Towell, & Huyck, 1985).

Additionally, such issues as passivity and accommodating behaviors, fear of taking a stand, and mistrust of one's own judgment are frequently proven as obstacles for women (Deaux, 1984; Frieze, Whitley, Hanua, & McHugh, 1982). Highly sex-typed behavior in women is also correlated with anxiety, low self-esteem and poorer emotional adjustment (Tinsley, Sullivan-Guest, & McGuire, 1984).

As might be expected, women struggle with self-esteem related issues appearing to be unique to their gender. A review of over 80 studies of psychiatric disorders, for example, indicated that rates of neuroses -- conditions reflecting anxiety, internal conflict, self-blame, and depression -- are consistently higher for women (Dohrenwend, 1976). Women also struggle with self-esteem issues related to self-devaluation. Women discredit their own abilities (Clance & Imes, 1978), have lower expectancies of their abilities (Karabenick, Sweeney, Penrose, 1983; Skrypnke, & Snyder, 1982) and attribute their success to factors other than their own competency (Frieze, et al, 1982).

More professionals are voicing concerns regarding the restrictive effect that the gender-role has on the development of self-esteem. This concern focuses on the female gender-role characteristics in our culture. These characteristics are not conducive to the development of psychological health and self-esteem. Bem (1974) and Pyke (1988) both suggest that the female sex-role stereotype in our society is not compatible with what mental health professionals consider to be a healthy, mature adult. On the contrary, a mature adult female with the characteristics of the feminine sex-role would not be considered a psychologically healthy adult (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970).

The dilemma for women becomes obvious. The gender-role socialization process validates characteristics in the feminine gender-role such as dependency, nonassertiveness, and discrediting one's own abilities. At the same time, research suggests that self-esteem is related to independence, assertiveness, and actualizing one's abilities -- the opposite characteristics socialized in women. Clearly, women face obstacles to self-esteem that many men do not have to face.

Self-Esteem and Gender: The Dilemma for Women

A general concern exists with regard to the restrictive effects that traditional gender role conditioning has on mental health. Historically, masculinity and femininity were viewed as mutually exclusive dimensions of a bi-polar continuum. However, with the advent of the psychological concept of androgyny -- the endorsing of both traditionally masculine and feminine attributes -- traditional perspectives on gender roles have been re-organized. The concept of androgyny generated widespread research on androgynous versus sex-typed individuals (Deaux, 1984; Orlofsky & O'Heron, 1987). The expectation was that androgynous individuals would reflect greater general adjustment and mental health than their sex-typed counterparts.

Research associating gender-role orientation with mental health has not supported the above assumption. Rather, the society-valued, competency-oriented, masculine attributes have been shown to correlate with high self-esteem in both males and females, not androgyny as a state within itself (Cooke, 1985; Deaux, 1984; Long, 1986; Long, 1989; Orlofsky & O'Heron, 1987; Pyke, 1985). Results indicate that, while androgyny is also associated with mental health in women, the masculine dimension of androgyny is the predictor of mental health.

Femininity, on the other hand, appears to be either irrelevant or negative when correlated with self-esteem (Moore & Rosenthal, 1980; Orlofsky & O'Heron, 1987). Recent research investigating the relationship between self-esteem, depression, and the feminine gender-role actually provides evidence that femininity correlates strongly with low self-esteem and depression (Blatt, Quinlan, Chevron, & McDonald, 1982; Frank, et. al., 1985; Tinsley, et. al., 1984).

Traditional gender-role conditioning creates a classic dilemma for women. The traditional message tells women (a) that fulfillment and security are found through nurturing others and putting the needs of others

(e.g., husband, children, friends) before their own, and (b) that self-identity and self-esteem are obtained by helping others develop their identities. Simultaneously, research clearly indicates that psychological health and esteem involve the ability to nurture one's self-identity, assert one's self, and develop competency-based skills.

The paradoxical dilemma for women stems from the erroneous belief that self-hood is obtained by sacrificing the self, with the inevitable consequence of low self-esteem.

Implications and Conclusions

General conclusions can be drawn from the research on gender and self-esteem. These conclusions are:

1. Traditional feminine gender-role conditioning by itself is counter to the development of self-esteem in women.

2. Traditional masculine characteristics correlate with self-esteem for both men and women.

3. The development of a strong feminine gender-role orientation correlates with depression and low self-esteem in women.

These conclusions suggest problems for the development of women in our culture. Women are conditioned to develop feminine characteristics, which are opposite the masculine characteristics found to correlate with self-esteem. Thus, women, if conditioned with only the traditional feminine attributes, are actually conditioned to low self-esteem.

Women approaching mid-life are painfully aware of the fact that traditional gender roles do not guarantee fulfillment, and a growing number of professional and career women are aware that there are other choices. For the first time in history, women do not need to choose marriage, husband, and children for economic, social, or even emotional survival. Actually, more women are considering saying "no" to marriage, "no" to children, and "no" to traditional relationships, as they attempt to say "yes" to the development of self.

The implications from the conclusions are vital to the development of women. Counselors and educators must recognize this challenging

dilemma for women, if they intend on facilitating the development of their mental health. An obvious solution involves helping women to develop the masculine characteristics (i.e., assertiveness, willingness to take a risk, leadership potential, independence, rationality) which are shown to predict self-esteem. The following steps might be considered in helping women develop self-esteem:

1. Facilitate an awareness and understanding of the gender-role conditioning process.

2. Facilitate an understanding of the specific influences and effects of the gender-role conditioning process on them individually.

3. Identify the masculine traits which female clients would like to strengthen.

4. Facilitate a strategy for the development and strengthening of identified traits and behaviors.

Throughout this process, female clients and students need continued support and empowerment. Reminding them that the original conditioning was environmental and that they responded to it with normal reactions and behavior helps prevent guilt feelings for not having developed a stronger self-esteem. Additionally, because women are conditioned to defer and accommodate, make sure that female clients are not simply complying with the authority figure in the counseling or educational process. Encourage and support initiative-taking as part of the development of self-esteem. Only when these interventions begin to occur will our society provide young women with a greater probability of developing healthy self-esteem.

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NONTRADITIONAL COLLEGE STUDENTS: A DEVELOPMENTAL LOOK AT THE NEEDS OF WOMEN AND MEN RETURNING TO SCHOOL

James M. Benshoff

While college enrollments have been declining since the 1960's, the percentage of nontraditional students enrolling in institutions of higher learning is steadily increasing (Hu, 1985). Currently, between one-third and one-half of all college students are classified as nontraditional (Aslanian & Brickell, 1980) and more than 50% of all graduate students are over 30 years of age (Aslanian, 1990). Moreover, older students in colleges and universities were expected to increase by more than one million by 1990 while traditional-age students decreased by more than 750,000 (Boaz & Kay, 1980) and this trend is projected to continue (Aslanian, 1990). By all accounts, "adults are the fastest-growing segment of all the population groups in higher education" (Brazziel, 1989, p. 116).

Cross (1980) defines the "nontraditional student" as an adult (typically over the age of 25) who returns to school full- or part-time while maintaining other responsibilities such as employment, family, and other "adult responsibilities" (p. 627). Other terms used to describe this category of student include "adult student," "re-entry student," "returning student," and "adult learner." While these older students share educational experiences and classroom space with traditional students (ages 18-24), their developmental needs, issues, and stressors differ considerably from their younger student-peers. Moreover, men and women may vary somewhat in their reasons for returning to school, the pressures and challenges they face as adult students, and the types of student services desired.

The Nontraditional Student

A number of factors characteristically separate nontraditional students from typical traditional college students. Many nontraditional students attend school part-time while holding down full-time jobs; this contrasts with the traditional, full-time college student who works only part-

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James M. Benshoff, Ph.D., is an Assistant Professor of College Student Personnel/Counselor Education, University of North Carolina at Greenboro.

time and/or summer jobs. Adult students are also more likely to have families of their own, often with children, and to have the attendant additional financial, time, and interpersonal commitments. The financial impact of returning to college may be greater for adults who must finance their education themselves while maintaining other financial commitments (e.g., mortgage payments, family support). Adult learners tend to be achievement-oriented and relatively independent with special needs for flexible and alternative schedules and instruction appropriate to their developmental level (Cross, 1980). They generally prefer more active approaches to learning (internships, cooperative education, experiential activities in class) and value opportunities to integrate academic learning with their life and work experiences. Adults who return to school are overwhelmingly commuters who live, work and (usually) play away from the college campus. In many cases, they commute considerable distances in order to attend college part-time without further disrupting their lives by uprooting themselves and their families.

Richter-Antion (1986) has identified six factors which distinguish nontraditional students from traditional students, including:

1. Greater sense of purpose with high levels of motivation to achieve

2. Stronger consumer orientation and view of education as an investment (since adults frequently must finance their own education)

3. Increased commitments and responsibilities outside of school with resulting decrease in time flexibility

4. Greater life experience and emphasis on using these life-experiences in the classroom

5. Lack of an age cohort (adult students may be at different developmental levels than their peers)

6. Limited social acceptability and support for student status (returning to school is not the "norm" for adults who are traditionally expected to be focused on career and/or family activities).

There is some evidence that while women have in the past been overrepresented among returning students, men and women are now equally likely to return to school (Sewall, 1984; Streeter, 1980). For both sexes, however, issues of financial independence and responsibility are important. Conflicting findings seem to suggest that adult students may be employed either full- or part-time and may be either married or single (Aslanian, 1990; Richter-Antion, 1986; Sewall, 1984; Streeter, 1980). One study of nontraditional students enrolled at a large community college campus (Morris, 1988) found that, compared to traditional students, more were attending part-time (85% vs. 63%) and that more of them had grade point averages above 3.50 (23% vs. 11%). In addition, 93% of these nontraditional students had prior postsecondary educational experience (Morris, 1988), supporting Aslanian's (1990) conclusion that as people become more educated, they are more likely to seek further education. These results also relate to findings that nontraditional students frequently return to college as older students after delay or interruption of their initial higher education experience (Aslanian, 1990; Streeter, 1980).

Reasons Adults Return to School

Why are more and more adults choosing to enroll in programs and courses of study at institutions of higher education in this country? A number of factors contribute to this phenomenon. The rising costs of higher education often impact on students, forcing them to work and accumulate resources before returning to complete their education (Aslanian, 1990). In addition, some younger students lack the maturity or the motivation necessary to complete their education and drop out; they may then return as older, more motivated and mature students to finish what they began as adolescents (Aslanian, 1990). Increased job requirements or career changes may also force adults to seek additional education (Aslanian & Brickell, 1980; Rawlins, 1979). One study (Rogers, Gilleland, & Dixon, 1987) found that adults under age 40 and those with incomes below $35,000 were more likely to return to school for reasons related to job change. Brazziel (1989) states that "the ever upward progression of an educated adult population and workforce and [increased educational requirements for] high-paying jobs . . . might be the single most powerful factor" (p. 129) in the continued influx of adult students on college campuses.

Other reasons for adult students returning to college include family life transitions (marriage, divorce, death), changes in leisure patterns, and self-fulfillment (Aslanian & Brickell, 1980; Rawlins, 1979). A survey of

part-time, non-degree adult learners at one large state university found that desire for social contact was one of four major factors in adults returning to school (Rogers et al., 1987). One study of black re-entry females (Henry, 1985) found that primary reasons for returning to school were self-fulfillment, career advancement, increased income, and social contact.

In attempting to explain why adults return to higher education, Aslanian and Brickell (1980) have developed a "triggers and transitions" theory that relates the adult's decision to return to school to developmental issues and crises faced during midlife. According to this theory, most adult learners are motivated to return to school by a desire (or need) to move from one status or role to another. Examples of transitions during midlife include changes related to career, marital status or family situation, leisure, or other life roles. Moving from one status to another requires new knowledge, skills, and/or credentials that often lead people back to college. "Triggers" are events that precipitate an adult's decision to return to school. Examples of triggers during midlife can include career events (loss of job, new job opportunities, failure to be promoted), family events (separation, divorce, remarriage, parenting), and, less frequently, avocational or health-related changes. The transitions explain the need for new learning to cope with new roles while the triggers determine the timing of the adult's return to school. Adults have been found to return to school primarily due to career (56%) and family (16%) transitions that were precipitated by career- (56%) and family- (36%) related triggering events.

Overview of Midlife Developmental Issues

In Levinson's (1978) conception of adult development, returning to school would be seen as most likely to occur during a transition period when the major tasks are to re-examine the past, make adjustments in the life structure, and continue the individuation process (Kahnweiler & Johnson, 1980). In reviewing the developing literature on human development during the midlife adult years, McIlroy (1984) cited several distinct themes of the "midlife transition":

1. Midlife adults gradually experience a shift in time perspective, an increased sense of their own mortality and a realization that there is not an infinite amount of time left for one to realize life goals and ambitions. This often stimulates a "taking stock" of what one has accomplished thus far in one's life and an evaluation of one's level of satisfaction with these

accomplishments. The outcome of this re-examination can result in recommitting to the "same path" or choosing to pursue different avenues which may seem more meaningful or relevant. "This shift frequently sets the stage for a major reassessment of self, life, and primary relationships, with an eye toward restructuring them for the second half of one's life" (Wortley & Amatea, 1982, p. 479).

2. Economic issues are very important as adults strive to provide for their own families, care for aging parents, and save for their own retirement.

3. During midlife, there is a growing concern for the welfare of others and the maintenance and improvement of society (Erikson's "Generativity" tasks). This may result in increased community involvement as well as taking on mentoring roles with younger friends and colleagues.

4. Midlife is characteristically a time of heavy responsibilities and demands on one's time. Coping with work, relationship, parental, and family-of-origin issues and responsibilities can provoke considerable stress and leave little time for reflection or relaxation. (p. 624)

Wortley and Amatea (1982) proposed a conceptual framework for adult development theory in which they identified four primary areas of adult development: career, family, intimacy, and inner life. Issues/tasks during the decades of ages 30-40 ("Rooting and Extending") and 40-50 ("Midlife") include establishing one's place and identity in a career, within the family/primary relationship, in the community, and within oneself. All of these issues present challenges of balancing multiple roles and responsibilities and reconciling values and ideals with reality. Beginning in their late 30s, midlife individuals increasingly become concerned with reassessing all aspects of their lives and may revise, redefine, or recommit to life goals and priorities. While men tend to shift their focus from work to themselves and their personal relationships during midlife, women, in contrast, typically become more concerned with career and achievement issues.

Research on Nontraditional Students

Although men and women appear to confront many of the same issues or themes during midlife, these also seem to take shape somewhat differently depending on gender. To date, most of the research on nontraditional students has focused on women who return to school, perhaps due to the fact that there have been more of them (Brazziel, 1989) and they may have been more available/willing to participate in research studies. The sections which follow will summarize some of the available research relating to specific needs of men and women returning students.

Women

Clayton and Smith (1987) examined the types of reasons given by adult women students for returning to college and found eight basic motives: self-improvement; self-actualization; vocational; role; family; social; humanitarian; and knowledge. They caution, however, that "classification based on only one motive should be used with caution as over one half (55.5%) of the women involved in this study were classified on the basis of more than one motive" (p. 102). Of the participants in this study, more than one-quarter (28.3%) cited role changes as the primary motivating factor in returning to college.

Terrell (1990) has identified a number of developmental issues for adult re-entry women:

1. Feeling guilty about not "being there" for their children
2. Concerns about quality and expense of childcare
3. Feelings of responsibility for maintaining their role within the family
4. Making compromises in their careers because of family considerations
5. Minimal individual free time
6. Perceived lack of credibility when returning to college
7. Insufficient support from family for returning to school.

Kahnweiler & Johnson (1980) have presented a midlife developmental profile of the returning woman student in which seven key issues are identified:

1. Introspective concerns
2. Concerns about physical development and appearance
3. Shift in time perspective
4. Concerns centered on changing role as mother
5. Concerns centered around changes in the role as wife
6. Concerns centered around changes in role/relationship with aging parents
7. Feelings of uniqueness and isolation in issues which they are confronting at midlife.

Women who return to school at midlife tend to view their decision to return as part of a process rather than an isolated event in their lives. Returning to school, divorce, and separation are the most frequently mentioned midlife events (Kahnweiler & Johnson, 1980).

Wheaton and Robinson (1983) cited a number of external and internal barriers to success for returning women students. Internal barriers included guilt and anxiety about placing their own desires/needs above those of their family, lack of self-confidence, and a general lack of decision making skills. External barriers included: standardized tests required for admissions; the lack of financial aid for part-time students and the need to consider spouse's income as part of the financial aid application process; lack of child care; and, increased family demands on time.

A needs analysis of 104 full-time adult women students revealed that the women needed help to develop better academic, study, and library skills (Lamb-Porterfield, Jones, & McDaniel, 1987). In addition, these students wanted more classes offered during evenings, weekends, and on an independent-study basis. Participants further expressed a desire for staff development programs to help faculty better understand and respond to the needs of adult students. To this list of needs, Wheaton and Robinson (1983) add: separate orientation for adult women students; low-cost

childcare available on campus; and, support groups for re-entry women. Other needs identified by nontraditional women students are for evening hours for advising and counseling services, more available degree programs for part-time students (Wilson & Christian, 1986), and academic advising and job placement assistance (Henry, 1985).

Hooper (1979) examined the impact on intact families of women (35 years of age or older) with children (in the home) who returned to school. Results indicated that the coping style of the family is related to the woman's performance as a student. Length of time as a successful student was found to be positively correlated with higher self-esteem. In addition, the length of time that the woman was in school was positively correlated with higher anxiety scores by the husband. Finally, women students in families with traditional sex- and age-determined roles experienced greater guilt than those in families where tasks were shared on a rotating basis. In a study which looked at correlates of persistence for re-entry women (Pirnot, 1987), returning women students who did not persist to graduation were found to adhere more to traditional sex-role expectations than persisters who seemed to place greater emphasis on their own self-actualization needs.

Men

Research on nontraditional male students is very limited to date. In one study of adult learners enrolled in schools of education and business (Linder, Londoner, & Bauer, 1988), males were determined to have a greater internal locus of control than females. Hayes (1990), in a study of instructors' perceptions of differences between men and women students' classroom behavior (as evidenced by factors such as verbal participation, learning orientation, dominating others, support seeking, self-disclosure, self-assurance, and sociability), found overall perceptions of differences between male and female nontraditional students to be small. In another study (Lauzon, 1989), full-time, married male students reported that developmental transitions had precipitated their return to school and that returning to school had resulted in numerous changes for both them and their families. Rogers et al. (1987) suggested that men who return to school may be less likely than their female counterparts to seek out support from other students.

A comparative study of the psychosocial needs of adult men and women students enrolled in an adult degree program revealed that most participants worked full-time and were enrolled in two courses per semester

(Muench, 1987). Most (73%) were married and most (76%) had children. "Self-doubt, guilt, lack of self-confidence, and fears such as of failure and not finishing a baccalaureate degree were identified as psychosocial concerns for both men and women students" (p. 6). More men than women experienced guilt. Fears of failure and self-doubt seemed to be common to both men and women. In addition, this study found that younger adult students in general experienced more guilt than older students and that younger male adult students seemed to experience more fear than their older peers. Results suggested that "both [sexes] have difficulties juggling the roles of student, worker, and family member. Returning to higher education is no easy task for both genders" (p. 10). The author concludes that these findings suggest the need to focus greater emphasis on helping both male and female adult students to build their self-confidence. In addition, she notes that both men and women nontraditional students need to have opportunities to interact with their peers in small groups as a part of the learning process and need to be actively involved in the educational process through sharing their relevant work and life experiences.

Bauer and Mott (1990) studied eight female and eight male nontraditional students (ages 28-35) in an effort to identify their predominant life themes and motivations. Results of this study indicated that:

1. Men were changing careers while women were looking to advance within the same career field.

2. Most women experienced competing, and frustrating, pressures of childcare, financial, and school responsibilities.

3. Men tended to be frustrated about the loss of time and money involved in returning to school.

Both male and female participants were focused primarily on the present, struggling with issues related to intimacy vs. isolation and evidencing little orientation toward generativity issues. In addition, none of the participants identified an individual in his/her life who served as a mentor.

A study by Rawlins (1979) revealed that both male and female nontraditional students were most concerned about their age and their ability to relate to younger colleagues. In addition, more than 75% of these adult students perceived themselves as having different needs from younger students. On the whole, however, she found that "returning to school had

a positive impact on respondents' feelings about themselves" (Rawlins, 1979, p. 140) resulting in increased self-esteem, self-confidence, and self-awareness.

Services for Nontraditional Students

While colleges benefit from the influx of nontraditional students, programs and services designed for traditional students frequently are not adjusted to meet the needs of this developmentally different population (Hruby, 1983). Research shows that nontraditional students differ considerably from their younger counterparts on many dimensions, while adult developmental theories highlight the different developmental issues and challenges faced by adults during midlife years. Since nontraditional students are rapidly becoming the "new majority" on college campuses, these differences present some major challenges for institutions of higher education whose programs and services have historically been geared to students aged 18-22.

The wide diversity of characteristics and needs among adult students makes them difficult to reach with information and services (Streeter, 1980). The fact that nontraditional students are overwhelmingly commuters makes reaching them with programs and services even more of a challenge because they typically come on campus primarily to attend classes and to use library and research facilities. Their involvement in campus life and activities is restricted to their academic coursework. They are unlikely to become involved in extracurricular activities on campus and are highly selective in their use of services.

What services, then, do adult students require? Results of a 1981 American College Testing Program pilot test of the Adult Learner Needs Assessment Survey identified several primary needs, including: improved speaking, math, reading, and study skills; learning about job opportunities (especially those near home); developing test-taking, decision-making, and stress-management skills; and identifying individual strengths and abilities (Spratt, 1984). Other studies of adult students (Martin, 1988; Rawlins, 1979) have revealed a number of additional needs for services, including:

1. Separate registration, advising, and orientation services (including information for family members)

2. Adequate parking

3. More evening, weekend, and summer course offerings

4. Assistance with financial aid and finding housing

5. Information services and communication networks

6. Social networking/support

7. Educating university faculty and staff about needs of adult students

8. Greater awareness of and access to personal, academic, and career counseling services.

Aslanian (1990), in a national survey of adult students, identified three categories of services desired. The top-ranked services were those that produced logistical ease, provided help with college financing, and assisted with career concerns. These "most wanted" services included: evening, telephone, and by-mail registration; sufficient parking space; financial aid information; and academic and career counseling. Moderately desired services were those which would help students to manage competing demands of their on-and off-campus lives, including: tutoring and organized adult study groups; personal counseling and assistance; and athletic and "adult lounge" facilities. The list of "least wanted services" suggests that adults are not seeking help with transportation or how to spend their non-class time (either on-campus or off-campus) and included: students jobs; improved transportation to and around campus; adult social clubs; personal lockers and mailboxes; and health insurance and child care assistance.

Thon (1984), based on a survey of 500 chief student personnel administrators at four-year institutions, recommended that universities respond more "proactively and effectively to students 25 years and older" by:

1. Increasing institutional awareness of the presence and special needs of older students.

2. Identifying a person and/or office as an advocate and central information source for adult students.

3. Providing a comprehensive manual for returning students detailing university programs, procedures, and services.

4. Upgrading career counseling and placement services to meet the specific needs of adult students.

5. Providing separate orientation services for older students and opportunities to interact with student services staff.

6. Involving older students as paraprofessionals in providing services to their peers.

7. Providing opportunities for families of adult students to become involved in some campus activities.

8. Considering implementing user fees for some services so that only those who use the services must pay for them.

9. Addressing concerns of traditional students as they interact with older students.

10. Emphasizing lifelong learning in the philosophy and goals of student services and programs. (p. 31)

Conclusion

As a result of the transitions and changes which occur during midlife, increasing numbers of adults are returning to school at this time in their lives to prepare for or cope with changes in life status and roles. These changes primarily occur in career and family arenas, but can also include such areas as leisure and health. Nontraditional students typically face responsibilities and developmental challenges that are quite different from those of most traditional-aged students. Although reasons for returning to school vary, it is clear that "more older students, taking more courses, will become the norm on many campuses" (Brazziel, 1989, p. 130). As a result, institutions of higher education must pay increasing attention to modifying (sometimes radically) their existing philosophies and approaches to instruction, administration, and services to meet the needs and demands of this "new majority" on campus.

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DUAL-EARNER MARRIAGES: RESEARCH, ISSUES, AND COUNSELING IMPLICATIONS

M. Susan Wilkie

During the past three decades, an unprecedented number of women have joined the paid workforce. Women have attended college and graduate school in record numbers (Wattenberg, 1986). Holder & Anderson (1989) reported that while 47 million women (44% of the workforce) were employed in 1985, an estimated 47.3% of the American workforce will consist of women by the year 2000. According to the U.S. Department of Labor (1988 data), statistics project that more than 62% of those workers entering the labor force will be women by the same year. Surprisingly enough, these increases in the female workforce have been primarily drawn from women with children (Cranston, 1990). The Bureau of National Affairs anticipates that an estimated 85% of all women in prime childbearing and childrearing years will join the labor force by 1995. These figures support the staggering figures published by Seligson, Fersh, Marshall, Marx, and Baden (1990) that confirm 75% of all school-age children are living in families in which both parents work outside the home. For the first time in our recent history, the typical young child in a two-parent family will have a mother who is employed outside the home for wages.

The increased participation of women into the paid labor force is an economic necessity to the well-being of most families, and is frequently essential to maintain an adequate standard of living. Between 1976 and 1987, the percentage increase of dual-earner couples with children rose from 33% to 46%, suggesting the greatest increase in labor-force participation from among married women (Cranston, 1990).

Wattenberg (1986) attests to the variety of adaptations engaged by the "baby boom generation." He states that these post-World War II babies are the "first generation to acknowledge that the 'cult of domesticity' has given way to the expectation of paid work as a central feature of women's lives." Comprising approximately one-third of the U.S. population, these

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M. Susan Wilkie is a graduate student at the University of New Orleans, New Orleans, Louisiana.

72 million Americans have adjusted to a new benchmark for what is perceived as "normative" in family lifestyle.

This generation is reshaping the family profile. Marital instability and rupture has become a "normal" circumstance for young adults. Due to interactive social forces that encourage change in the family institution, (i.e., the women's movement, a philosophical emphasis on self-fulfillment, more liberal attitudes, a lower tolerance for unhappy marriages, and the increased participation of women in the labor force), Wattenberg (1986) predicts that half of all married men and women who were between 25 and 34 years old in the 1980's will end their first marriage in divorce.

The ethic of the baby boom generation expects young mothers to work, but role strain, role conflict, and outmoded institutional arrangements are undermining the positive effects of a second salary and eroding the organization of the traditional American family. Studies that address the changing roles of men and women may assist counselors in therapy with couples who are increasingly seeking help with conflicts between work and relationship demands.

By reviewing current literature and refining intervention strategies that discourage men, women, and children from becoming victims of loss, counselors will move from an adversarial to a preventive context. A concentrated effort will be made to identify conflict issues and techniques effective in the training of clients to cope with frequent daily stressors impacted by role strain and role conflict. Therefore, this article will focus on dual-career couples and the female parent who bears a disproportionate share of the family responsibilities.

Research

Matthew & Minor (1989) contend that the dual career couple is a definite trend in the United States; in 1960, there were approximately 900,000 dual career couples; in 1983, there were 3.3 million.

Significant research has been devoted to the impact of balancing work and home responsibility for families in which both parents work. These families are referred to by the terms "dual-earner" and "dual-worker" marriages. Holder & Anderson (1989) perceive one person in the dual-earner marriage as consistently placing priorities on home and child needs before work demands. Two types of "dual-earner" marriages are the

dual-career marriage and the role-sharing marriage (Jordan, Cobb, & McCully, 1989). Rapoport and Rapoport (1969) coined the term "dual-career" to describe a marriage in which "both heads of the household" pursue a professional career (as opposed to a job) by choice and an active family life simultaneously. "Career" connotes a higher degree of commitment requiring higher training and accumulated experience in one field (Matthew & Minor, 1989). Sekaran (1986) emphasizes the intense ego involvement and long hours of work enmeshed with the "career."

Rapoport and Rapoport (1976) state that while dual-career families tend to emphasize occupation as a primary source of personal fulfillment and possible self-actualization in the work role, dual-earner families are usually more interested in the income the job brings; they leave their "jobs" at work. However, for jobholders in the sixties and seventies who moved up in their organizations, a dual-earner family may have transformed into a dual-career family over time. Jordan, Cobb, & McCully (1989) add that a dual-career couple has a higher education, a higher income, and a higher socioeconomic status. Holder & Anderson (1989) contend that neither one of the "equal" partners is hypothetically willing to make career compromises.

In the "role-sharing" marriage, the couple ideally share "all" marital roles, including jobs, housekeeping and child care (Jordan, Cobb, & McCully, 1989). However, even when both spouses agree to share "all" household and family duties, they rarely provide an equal share. Studies indicate that husbands retain fairly traditional attitudes toward household responsibility (Smith & Reid, 1986). Holder & Anderson (1989) concur that few couples have achieved anything close to symmetrical roles; the majority of household tasks continue to fall to women, whether employed or not.

Disequilibrium: A Theoretical Base

"Family myths are a series of well-integrated beliefs shared by all family members" (Bagarozzi, 1989), and usually adopted from the family of origin, the community, and the culture. These beliefs stabilize the organizational structure of the family systems and maintain predictable patterns of interaction. When a spouse's behavior deviates from an expected role (the ideal role versus the perceived role), disequilibrium results. According to social exchange theorists, spouses establish "rules for distributive justice and social exchange," and evaluate the fairness of conjugal dynamics according to the system's norms (Bagarozzi, 1989). It

is important to note that a dissatisfied spouse responds to what he/she perceives to be a violation of a fair exchange system. For example, spouses may perceive that their mates are not sharing according to the rules. An illustration of this would be the dual-career couple who agree to share all household tasks and parenting responsibilities. The wife's definition of sharing these tasks includes equal participation in housecleaning, laundry, cooking, and child care. The husband's definition of equal sharing includes taking out the garbage and mowing the lawn.

Another difficulty arises when spouses' schedules are no longer complementary, and resources formerly exchanged are no longer experienced. Being unavailable for a traditional dinnertime conversation without providing an alternative "exchange commodity," (Bagarozzi, 1989) would be a major source of marital distress.

Sex Gender Issues

Sekaran (1986) notes that every spouse in a dual-career family operates in at least three spheres on an on-going basis -- a personal world, an individual work world, and a shared family world. The extent to which spouses allow spillover between the work role and the family role has distinct gender differences.

Studies of spouses in dual-career families who play multiple roles produce interesting findings and affirm the asymmetrical permeations of the home and work boundaries. Holder & Anderson (1989) found that husbands for the major part still identify primarily with the breadwinner role, and the wives with the homemaker role. Taubman (1986) validates this intense pressure on men to be masculine and prevail as objects of strength, production, and competition. Men are simply not taught relational qualities (i.e., patience, intimacy and mutuality). Therefore, it is difficult to equate the nurturing role of diaper changing or vacuuming to a meaningful, masculine responsibility. Male-oriented standards of sex role behavior exist not only because of harsh and rigid socialization, but because of an absence of androgynous male role models. Although economic forces and the drive for greater social equality have drawn women into the work force, no parallel incentives have arisen for men to assume more traditionally female roles. Helping with family work may be seen as a diminution of status (Taubman, 1986).

Since the career role is culturally deemed more significant to the husband, he will allow family time and space to be intruded upon by work

activities (i.e., spending extra hours at the workplace after closing time). On the other hand, wives who take on primary responsibility for the family are more likely to allow family matters to intrude into the work sphere (e.g., taking care of an emergency at home by leaving the office early) (Holder & Anderson, 1989). Even Model (1982) supports the idea that though a wife's education and salary may approach her husband's and he attends to more responsibility in the home, gender roles still remain very durable. Data from another study revealed that full-time housewives average 8.1 hours per day in household jobs, while employed wives average 4.8 hours per day. Husbands, however, averaged 1.6 hours per day whether or not their wives were employed (Portner, 1983). In summary, when a woman is employed, she usually has two primary jobs, wife and mother plus paid employment.

Dual-Career Advantages/Disadvantages

Although balancing work and home responsibilities is a challenge for the dual-earner couple, it also has its rewards. According to Pottick (1989), there is a growing body of evidence that attests to the importance of satisfying work for general well-being even under the strain of multiple roles. "Well-being" is characterized in women's lives by mastery and pleasure (Baruch, Barnett, & Rivers, 1983). They describe mastery as a skill achieved through employment and education and experienced by self-worth and competence. Pleasure is described in terms of relationships or affiliation and affects satisfaction and optimism. In Pottick's article on the work role as a major life role, women identified greater levels of affiliation as a major job source of satisfaction; men, however, responded to greater levels of achievement.

In contrast, studies by Brennan & Rosenzweig (1990) revealed that neither affiliation nor achievement is the dominant need for women, but rather the positive feelings of "self" or the identity formation achieved through key relationships at work and home. Brennan & Rosenzweig also cited studies by Baruch, Barnett, and Rivers who have taken the position that paid work is critically important in order for women to experience a sense of mastery and self-sufficiency that earning one's own paycheck implies. Brennan & Rosenzweig explain that when work is performed, the objective evaluation and feedback of the woman's performance validated by respected colleagues is crucial to her own self-understanding.

Nonetheless, Sekaran (1986) determines that the individual needs of achievement, affiliation, power/dominance, collegiality, self-worth,

competence, meaningful conversation, and autonomy more often than not manifest themselves in the work place and establish psychological feelings of success for both men and women. Even in lower level careers, Smith & Reid (1986) report that women benefit from social contacts and an increased sense of accomplishment. Data suggests that women who hold jobs in addition to their roles as wife and mother do report greater physical and psychological well-being than their housewife counterparts (Holder & Anderson, 1989). In their study, the rewards of financial gain, positive feedback, and esteem appear to balance the emotional and physical cost of additional activities.

Given time and energy constraints, contemporary women sometimes find their greatest developmental challenges in the interplay between the home and occupational domains. Tolman & Rose (1985) explain that it is an individual's struggle with chronic problems that tax coping reserves and lead to increased difficulty in dealing with undesirable life events.

One type of stress results when one cannot find a personally satisfying balance between roles (Matthew & Minor, 1989). According to Gray (1990), women's psychological well-being was assessed by both perceived stress and coping, and life satisfaction. There, confidence levels and sense of control were directly affected by the wives' perceptions of the husbands' participation in family work. Googins & Burden (1987) concur that the female stresses of assuming multiple roles are traditionally precipitated by the husband's ambivalence over adopting household chores that were once viewed as "women's work." Unequal involvement often results in women resenting their husbands' higher degree of involvement in their careers (Matthew & Minor, 1989). Thus, Tolman & Rose (1985) interpret the individual's appraisals to include a judgment about the demands and constraints presented by the environment as well as about the resources and alternatives available for coping with the situation.

Anderson & Stark (1988) refer to the adverse reactions of stress overload in the dual-career marriage as "stress reactions" that result from a failure to cope effectively with external demands: the role dilemma, the identity dilemma triggered by confusion between culturally defined roles and acquired roles, the role-cycling dilemma or realistic scheduling of developmental stages, the social network dilemma of making time available for socializing, and the normative dilemma of qualifying the lifestyle of the nontraditional family contrary to the sanctions of society.

Since there is not a corresponding shift to equal participation in the home by men and women continue to exercise low expectations of practical help from their husbands, Yogev (1981) suspects that women experience greater role conflict from guilt and perceived neglect of the maternal role. In their research, Smith & Reid (1986) also attest to the resistance by professional mothers to abandon domestic and maternal responsibilities for fear of losing the mother-child relationship. Subsequently, how well a woman balances her career and home without stress overload realistically depends on the extent to which she assesses her husband's support by the help he contributes to chores traditionally defined as within her domain. Other typical clinical issues resulting from work/home imbalances may include:

1. No time or energy allotted for the couple relationship
2. Disagreements over what is equitable responsibility
3. Criticism from extended family members
4. Anxiety and guilt from unmet self-expectations
5. Lack of an adequate peer and family network "support"
6. Rigidity in the workplace
7. Unavailability of quality childcare. (Holder & Anderson, 1989)

Research Implications

Because the internal and external rewards of the dual-career couple are realized only through the successful negotiation and balance of family roles, Rachlin's work (1987) suggests that many couples resolve these role conflicts by striving for "equity," a sense of fairness rather than equality. Holder & Anderson (1989) contend that for many couples, a belief that the division of labor is "fair" is more important for marital satisfaction than "equal" division as viewed from an outside perspective. As referenced earlier, Gray (1990) established that the wives' perceptions of their husband's psychological support for their dual role was significantly more important than practical help.

Another way to share family roles and responsibility is by assuming co-responsibility for both the domestic and child-care roles as in the role-sharing marriage. In their study, Smith & Reid (1986) indicated that polls do indicate a general trend toward more egalitarian attitudes in society. Although behavior lags behind attitudes, time-use studies do reveal that husbands of employed wives are performing a larger proportion of family work.

Granted the constraints that encumber dual-career marriages, this article has evidenced some of the rewards from combining both the home and occupational domains. However, in a decade of blurred family roles, individuals in the dual-career marriage will continue to struggle for marital satisfaction. Sekaran (1986) reports that higher divorce rates were reported for women with five or more years of college, and annual incomes greater than $13,000 involving a professional career. These statistics lead one to question whether the "mastery of self-sufficiency" which enhances the psychological well-being of most women is the very same skill that ironically undermines marital unity. Depending upon the context of its impact, it may well be a double-edged sword.

Therefore, tensions must be analyzed and relieved as they occur, or conflicts will become more dysfunctional and unresolvable with the passage of time.

Counseling Implications

Across the socioeconomic spectrum, individuals are finding their dual roles and responsibilities increasingly difficult to perform without frustration and fatigue. Evolving family profiles support the need for dual-career couples to find satisfaction with multiple, simultaneous roles without the struggle of stress-related health and behavioral problems. If families are to manage successfully, they will have to develop strategies to organize home life so that equity, efficiency, and personal growth can be achieved.

Impact on the Family

The balancing act between work and home calls for a reordering of roles, priorities, and schedules. Brennan & Rosenzweig (1990) suggest beginning intervention with the individual by helping the client to identify more clearly the key roles, relationships, and work involved in each of his/her primary life domains. Primary relationship rules or interaction patterns must be analyzed and modified to reduce discrepancies between the ideal spouse and the perceived spouse (Bagarozzi, 1989). Ideally, the analysis of constraints and supports for these multiple roles will be explored to assess the potential stress overload, and ultimately the mediation of associated life stressors (Gray, Lovejoy, Piotrkowski, & Bond, 1990).

Jordan, Cobb, and McCully (1989) propose a five-step intervention plan that integrates issues of the dual-career couple with techniques from the marital counseling literature. The steps include:

1. Goals and values clarification
2. Communication training
3. Negotiating and contracting skills training
4. Time management techniques, and
5. Stress management techniques.

Goals and Values Clarification

Although it is beyond the scope of this article, a detailed discussion of assessment instruments and applications used to identify both personal and conjugal mythologies is made available by Bagarozzi (1989). These instruments identify the emergence of personal themes that weave together to form central marital themes. Guidelines derived from these assessment tools are intended to reveal discrepancies between role expectations and reality, unverbalized assumptions, disappointments, and resentment conflict. The ventilation of feelings regarding this frustration is a critical base for couples' discussion.

Sekaran (1986) emphasizes the need for defining "success" and assessing role expectations (individually and mutually), particularly establishing priorities among and within roles. Shifting emphasis between careers and family must be articulated and mutually understood -- the transition of the professional, aggressive, career person to the nurturing wife and mother.

Communication Skills

Jordan, Cobb, & McCully (1989) caution therapists not to assume that highly educated, articulate couples have good marital communication skills. Good communication skills include the ability to negotiate and offset issues of power and control as evidenced by the degree of flexibility or rigidity in different areas of the relationship (Bagarozzi, 1989). Couples project either a complementary (one-up and one-down) or a symmetrical (equal) pattern of influence.

The use of "I" statements, active listening, clarification, nonjudgmental feedback, and request making are interpersonal skills that enhance direct communication (Corey, 1986).

Nonverbal communication is perhaps more important than verbal communications, because nonverbal messages are more readily believed (Stuart, 1980). When couples are aware of their goals and communicate their needs positively and directly, they are ready for negotiation.

Negotiating and Contracting Skills

Contracting helps partners modify ideals and overcome the resentment of role overload when autonomous and shared responsibilities are delineated. Tasks may be renegotiated when situations change, for example, a job change or scheduling conflict (Jordan, Cobb, & McCully, 1989).

Stuart (1980) attests to the successful use of two types of contracts used in marital counseling:

1. Quid pro quo, and
2. Good faith.

The quid pro quo contract bases performance of a spouse's target behavior contingent on the partner's performance on another target behavior (e.g., the husband agrees to clean the kitchen if the wife prepares the evening meal). In the good-faith contract, a spouse's behavior is rewarded or punished according to contract terms, regardless of whether or not the partner completes his/her assignment. Contracting helps partners overcome resentments due to unmet needs or expectations because role expectations of family members are clearly applied to observable behavior. Behavioral models teach skills for reciprocal exchange and reduce unproductive dialogue when individuals do not carry out prescribed roles (Sekaran, 1986).

Time Management

The essential element of time management is planning (Sekaran, 1986). Using established values and goals, priorities must be ranked in order of importance. Impediments to time management must be communicated, and a planned, organized approach must be activated to allow for completion of duties and allowable leisure (Jordan, Cobb, & McCully, 1989).

Stress Management Skills

The final step in the intervention process is stress management. This intervention strategy is crucial to individuals who cannot effectively cope with daily stressful events. The major procedures for dealing with stress-induced physiological arousal include certain forms of relaxation training. Anxiety management through "systematic desensitization," self-control relaxation, both meditation and imaginal techniques, and cognitive procedures such as reframing and restructuring are excellent coping skills. Cognitive restructuring to control irrational thoughts and evaluate realistic and unrealistic attitudes plays a major role in determining the intensity of arousal in stressful situations. Training clients to be aware of maladaptive or self-defeating self-statements helps to generate assertive ways of thinking and acting (Tolman & Rose, 1985).

Albrecht (1979) identified rules for low-stress living that included time management, deep relaxation, regular exercise or recreation, sensible guarding personal freedoms, pursuing hobbies, and opening the self to new experiences.

Impact on the Workplace

The forces that have led to a decrease in the traditional separation between work and family also have led to a need for companies to develop new policies and programs (Googins & Burden, 1987). If companies fail to respond, the result is likely to be further increases in workplace-family role strain for employees, along with decreased job satisfaction, productivity, and morale (Friedman, 1983). The increase in parent employees who have responsibility for both job and home has served to heighten the need for "quality in the workplace."

As women become more of a factor in the labor market, and as men's home responsibilities increase, companies will need to provide creative family support benefit packages to compete successfully in the job market (Googins & Burden, 1987). Such benefits might include greater flexibility in work schedules (e.g., flex-time, part-time employment, job-sharing, four-day work weeks, work at home,and increased family leave); child-care programs (options include on-site care, voucher systems, a flexible benefit package, and contracting for care); staff training on workplace-family issues; expanded employee assistance programs; and vigorous affirmative action programs to address the inequitable position of women in the work-force (Burden, 1986). Many companies have already

established employee assistance programs (EAPs) to assist in reducing the vulnerability of families whose strain inevitably will find its way into the workplace and affect the organization's mission. It certainly behooves a company's self-interest to minimize the amount of workplace-family role strain an employee experiences to reduce stress and increase physical and emotional well-being. Such an approach is likely to improve the physical and mental health of employees, to increase job satisfaction, and to reduce absenteeism and turnover rates (Kahn, 1981).

Conclusion

The data from this article reveal the changing nature of workplace-family interactions and the resultant dynamics that affect both institutions. The presence of growing numbers of married women with children in the paid workforce, and the increase of non-traditional marriages vying for dual-careers is a major concern for professional counselors. Adaptation to the needs of this population is just beginning. The immediate role strain, family dysfunctioning, and costs to corporations are real (Googins & Bruden, 1987). Until the resolution of these growing conflicts is addressed in an organized manner by both families and organizations, high levels of divorce, increasing pressure on role expectations, reduced job productivity, and poor health will continue to usurp the well-being of our nation's greatest resource -- its people.

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EFFECTS OF GENDER AND CULTURAL VARIABLES ON THE PERCEPTIONS OF CAJUNS AND NON-CAJUNS TOWARD MIDDLE AGE

Daya S. Sandhu
Michael Assel

This study compared the perceptions of Cajun and non-Cajun men and women. The study focused on the perceptions participants had of middle-age. Little research has been conducted on middle-aged people and practically none is available on the Cajun culture. Numerous aspects of middle-age were investigated in this study. Specifically, these aspects included the mid-life crisis, androgyny, menopause, sex life, self-reflection, psychological menopause in men, the empty-nest syndrome, refeathering the nest, physical appearance, and intellectual functioning.

Middle Age

The popular press portrays middle-age as a period of upheaval for adults. The popular myth of a 42-year-old man quitting his job and buying a sports car still exists today. One major drawback to this type of thinking is that little research has been completed to validate if this is how most middle-aged individuals feel and behave. There is little empirical data on the middle-aged years. With the maturing of the "baby boomers," the middle-age years are finally receiving long overdue attention.

Keshock (1990) suggests that middle-age is one of the least researched stages of life span development. Keshock (1990) contends that clients of mental health professionals have many concerns about the stage of middle-age, and he doubts that this stage is as stable as prior research has suggested. Keshock's study described how mental health professionals view the middle-aged years. His study found that counselors and related

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Daya S. Sandhu, Ed.D., NCC, LPC, is an Assistant Professor of Psychology and Counselor Education, Nichols State University, Thibodaux, Louisiana.

Michael Assel is a graduate student in the Psychology and Counselor Education program, Nichols State University, Thibodaux, Louisiana.

professionals had many misconceptions about middle-age. Professionals had little knowledge of theories that were useful in working with the middle-aged, and they often based their attempts to work with middle-aged clients on information from "pop psychology" and the media (Keshock, 1990).

This study describes the perceptions of Cajuns and non-Cajuns concerning middle-age. Little research has been conducted on middle-age and Keshock (1990) suggests that this may be due to "the pervasive dread about middle age or the continued reluctance of middle-aged researchers to admit to the more troublesome aspects of their age" (p. 16). Obviously, Cajuns, as well as middle-aged individuals, are two groups that merit further empirical investigation. The main purposes of this study are to determine if Cajuns have perceptions about middle-age that are consistent with the general population and whether or not men and women within this population have different perceptions about middle-age. Therefore, the following three null hypotheses were formulated and tested:

H.1 There is no significant difference in the perceptions about middle-age of Cajun men and Cajun women.

H.2 There is no significant difference in the perceptions about middle-age of non-Cajun men and non-Cajun women.

H.3 There is no significant difference in the perceptions about middle-age of Cajuns and non-Cajuns.

Factors Tested

The first issue that was tested concerned the issue of androgynous tendencies in middle-age. Keshock (1990) suggests that sex role changes are due to a genetically based process. Gutman (cited in Keshock, 1990) describes "normal unisex of later life in which men appear to be less aggressive and domineering with age, more in touch with the sensual and familial aspects of life" (p. 23). Women, on the other hand, are seen as becoming more assertive with the onset of middle-age. These two opposing forces lead to a significant decrease in gender-role differences (Keshock, 1990).

Another factor that was studied concerns whether or not middle-aged individuals experience a mid-life crisis. Jacques (cited in Gould, 1972) believed that the mid-life years are as tumultuous as adolescence.

This finding has recently been questioned. The adolescent years have not been proven to be a time of great upheaval and rebellion (Wade & Tavris, 1990). These findings led Keshock (1990) and others to suggest, "the often used term 'mid-life crisis' may be inaccurate, misleading, and inappropriate in terms of the counseling function" (p. 23). The popular media may have instigated the myth of the mid-life crisis through its oftentimes inaccurate picture of the middle-aged years. McMorrow (1974) believes that the mid-life crisis is one that affects people in the middle class the most. McMorrow states

> The middle-aged men in this study have kicked over everything they have accomplished in abrupt changes of career, have lost their jobs, have deserted their wives' beds temporarily or permanently for those of other women (not as a rule, but to a heavy degree, younger women) who seemed to fulfill needs long forgotten; have gone as far in their inverted, unsolaced despair as to consider suicide.

The third factor tested involved perceptions concerning the menopause experience in middle-aged women. Bowles (1986) suggests that there is a certain lack of knowledge concerning the female experience of menopause in terms of both physical and psychological development. Perlmutter (cited in Bowles, 1986) believes that many of the problems formerly associated with hormonal changes are, in fact, due to the overall consequences of aging as a whole, along with psychological factors, in a middle-aged woman's life. Stevens-Long (cited in Keshock, 1990) reports that attitudes toward menopause are effective predictors of psychological health as a whole, and well-adjusted individuals do not see the menopausal experience as particularly distressing. Neugarten (cited in Keshock, 1990) found that many post-menopausal women have positive recollections of menopause, experience increased vigor and oftentimes report a new sexual awareness and activity. These results do not mesh with the ideas of the popular media which portrays post-menopausal women as uninvolved with society and sex.

A fourth factor tested was the sexual attitudes of men and women who are middle-aged. The ideas of a middle-aged individual losing interest in sex was not one that holds up in today's ever-aging society. Sex researchers have found that middle-aged individuals have the same sexual patterns that they had as young adults (Wade & Tavris, 1990). In other words, if a young adult enjoys a healthy and active sex life, this trend is

likely to carry on into middle-age. Comfort (cited in Keshock, 1990), suggests that with the end of the reproductive cycle, the recreational use of sex can become more important to the middle-aged couple.

The fifth area that was investigated concerns the idea that middle-aged individuals have an increased amount of self-reflection or interiority. Neugarten and colleagues (cited in Gould, 1972) describe a substantial change towards an inner-directed existence. In other words, a middle-aged man may develop a greater awareness of how his life is progressing. Gould (1972) states that there is an increase in inferiority by the mid-forties and personality complexity decreases. Our life begins to center around interior themes (Gould, 1972). Levinson (1978) believes that as men enter mid-life there is a time of transition. A man in his early forties has to spend time evaluating what he has accomplished in early adulthood. Levinson (1978) states:

> It becomes important to ask: What have I done with my life? What do I really get from my wife, children, friends, work, community, and self? What is it I truly want for myself and others? What are my central values and how are they reflected in my life?

These are the central questions that middle-aged individuals are faced with during the transitional phase.

The next topic that has been evaluated is whether or not there is a psychological menopause in men. Keshock (1990) points out that the term male menopause has been used somewhat jokingly to refer to the changes some men feel during middle-age. Gormly (cited in Keshock, 1990) believes that the symptomatic complaints of men that are similar to those experienced by women may, in fact, only be a reflection of concern for the falling off of the sexual prowess of middle-aged men.

The empty-nest period is often viewed as a time of depression when mothers have a difficult time in dealing with the departure of children (Pillay, 1988). Keshock (1990) believes that the postparental period is not as problematic as it was once believed. Pillay (1988) found that 59.4% of the female subjects in her study on depression were in the postparental or empty nest period. Furthermore, Pillay (1988) found differences among different cultures in respect to whether or not depression was related to the postparental period.

The eighth subject investigated concerns the recent phenomenon of refeathering the nest. This is a new area of study that occurs when grown children are forced by outside influences to move back in with their family of origin. Reasons for moving back in can range from the loss of a job, divorce, separation, child care, or even loneliness. These scenarios involve special living arrangements that can lead to family conflict and discord (Schnaiberg & Goldenberg, 1989).

The ninth area concerned the area of physical appearance and its influence on people who are middle aged. Researchers assert that there is a double standard of aging that favors men in our society today (Keshock, 1990). The popular culture has helped spread this myth with its emphasis on youth, thinness, and personal beauty.

The last area investigated is intellectual functioning. Research suggests that some aspects of intelligence, such as reasoning, spatial ability, and verbal comprehension do decline with age (Wade & Tavris, 1990). The research is not clear concerning whether or not this decline is due to a natural process or whether it is connected to certain generations (Wade & Tavris, 1990).

Cajuns as a Special Population

The word Cajun itself needs some explanation for those readers who are not familiar with its origins. Etymologically speaking, the word was derived from their place of origin, Acadia. An Acadian was a person of French descent who migrated from Nova Scotia. The word Acadian was long mispronounced by Louisianians. They would often say "Acajin," and when this also became to long, the "A" was dropped and "Cajins" or "Cajuns" were born (Angers, 1989).

The Cajun population of South Louisiana is a unique and interesting group. Their roots in Louisiana go back more than four hundred years. There has been relatively little empirical research done on this population. Writers such as Longfellow have spread some misinformation about French Louisianians (Brasseaux, 1990). Cajuns are depicted as hopeless and idle romantics who spend their time relaxing in a gentle breeze while dipping their feet in a cool bayou. Even more disturbing are writers today, who see Cajuns as maybe capable cook book writers and little else. In truth, Cajuns today are a dynamic yet little understood group. The dearth of empirical investigations about Cajuns has led mental health

professionals to base their hypotheses on group data that may have little significance for this unique culture.

Values are passed down from one generation to the next without any hesitations (Brasseaux, 1990). As Brasseaux (1990) points out, "Producing all of the essentials for life himself — from food to clothing to shelter, the Acadian depended upon no one for his livelihood." This sense of individualism further reinforced the isolated nature of Cajuns. Family groups are very important for Cajuns; throughout their history, there has been little intrusion by outsiders. Cajuns of old often married close relations because of lack of contact from outside influences. These traditions of old have been broken down somewhat by the influences of modern society, but the fact remains Cajuns are still more likely than others to marry individuals of the same ethnic background (Brasseaux, 1990).

Cajuns as a whole seem to be much less materialistic and more spiritualistic in their approach to life (Angers, 1990). The family bonds that hold the Cajuns together are strong. Sandhu and Jones (1990) found significant differences between Cajun and non-Cajun families. This lends support to Brasseaux's (1989) observation that family unity takes precedence over the way individuals make a living. Angers (1989) points out that Cajuns have remained a stable and non-mobile group and this has led to their culture remaining relatively intact and distinct from other subcultures.

Methods

Participants

A total of 80 middle-aged individuals (20 Cajun men, 20 Cajun women, 20 non-Cajun men, and 20 non-Cajun women) were recruited by members of a Psychology 101 class. The recruiters were given a minimal amount of extra credit for their efforts. Recruiters were told that subjects had to be between the ages of 40 and 60. The subjects themselves were given no rewards or incentives, except possibly vicariously through helping someone they knew. Recruiters were asked to sign a sheet telling them recruitment was voluntary and the subjects they recruited were in the specified age ranges. This was to minimize the temptation of cheating for extra credit. Participants in the study identified themselves as Cajuns or non-Cajuns and male or female.

Subjects signed an informed consent form before participating. Instructions were included in the survey booklet along with the answer sheet. Participants were encouraged to answer all of the questions as truthfully and accurately as possible.

Instrument

While developing their own instrument for this study, the authors used the middle-age survey Keshock (1990) developed as a guide. This survey was expanded to include thirty additional questions. The instrument was not standardized. The thirty questions tapped into middle-aged stereotypes found in the popular media. The thirty questions were arranged in a random order, and in ten major areas of interest with each area having three associated questions.

The language of the questionnaire was kept simple to make it easier to understand for bilingual subjects. Answers were arranged according to a Likert type scale with five possible responses ranging from Strongly Agree to Strongly Disagree.

Results

For statistical analyses, the data were examined using the methodology of factorial analysis of variance. There were 93 completed questionnaires, of which a random sample of twenty from each of the following groups were chosen: non-Cajun males, non-Cajun females, Cajun males, and Cajun females. The results of the ten factorial analyses of variance are shown in Table 1.

Discussion

The findings of this study in reference to the ten factorial analyses are discussed in this section categorically. The significance of these findings is discussed as deemed necessary.

The findings of this study suggested no statistically significant differences on the way the subjects answered factor one questions. This finding shows that responses on these questions were answered in the same manner by all subjects. In other words, mid-life crisis is thought of in the same terms by all respondents. The subjects reported neutral feelings on the three questions dealing with the mid-life crisis. The mean score on

these questions was 9.655. These data indicate that, contrary to popular belief, the mid-life period was not seen as a time of crisis for subjects in the study.

Significance was found on the second factor, which was androgyny. The way subjects responded was in part determined by their sex. Females believed more strongly than men that social roles change to a more neutral stance once an individual reaches middle-age. In other words, females see the potential for androgynous tendencies once an adult reaches middle-age. The mean scores for women were 8.956, while for men, the mean scores were only 7.531. This has important implications for counselors. The literature contends that there is an across-the-board change towards androgyny in middle-age. This study found that women sense the androgyny more so than men. It is important for counselors to be aware of this fact, and not assume that because a man is getting older, he is becoming more androgynous. Income level was not taken into consideration, which might affect the results of this study.

On the third factor, menopause experience of middle-aged women, there was no significance found on any of the factorial analyses of variance. The mean scores for all respondents on this factor were virtually identical for all groups. The mean scores all clustered around the 8.74 level, showing that the subjects viewed the menopause experience of women in the same manner. While the popular media portrays menopause as a period of stress for women, this study did not find very strong opinions on this subject.

There was also no significance found on the third factor, showing that all groups viewed the sex life of middle-aged individuals in the same manner. The four groups had mean scores of 9.032. These scores were at the neutral range of the survey, showing that there were no particularly strong feelings on the questions dealing with sexual content.

The fifth factor, self-reflection, yielded no significance between any of the four groups. The mean scores for all groups was 7.62. The scores clustered between the disagree and the neutral level on the survey. These scores tended to disagree with the literature findings, and showed that people did not believe that self-reflection increased with middle-age.

Scores on questions dealing with the issue of psychological menopause in men showed no significance in any of the categories of factorial analyses of variance. The mean score on this factor for all groups was 8.97. All scores clustered around the neutral range. In other words, subjects in this

study did not find that psychological menopause in men was a problem affecting their current lives.

Significance was found on the seventh factor which measured the attitudes toward the empty nest syndrome. The significance was found between the scores of men and women and was not based on the issue of ethnicity. This data showed that men and women view the empty nest syndrome differently. Women tended to have stronger feelings concerning children moving away from home. This supports the research of Pillay (1988), who contends that women often have periods of postparental depression.

The eighth factor, refeathering the nest, yielded no significant differences on any of the four groups. In other words, middle-aged men and women did not see the refeathering of the nest differently. Once again, the scores clustered around the neutral level on the survey. The mean score for all groups was 8.096.

The ninth factor, which was physical appearance, also showed no significant differences in the way each of the four groups viewed the changes in physical appearance in middle-age. The scores clustered around the neutral level once again. The mean score for all groups was 8.902. Subjects did not feel strongly about the double standard of aging that is prevalent in today's literature and popular media.

The last factor also had no significance on any of the factorial analyses of variance. The last factor measured how subjects felt about the intellectual changes that occur during middle-age. The scores for all four groups clustered around the neutral level. The mean score for all four groups was 8.107. Subjects were ambivalent toward the popular notion that intellectual functioning declines with age.

Conclusion

Of the ten factorial analyses performed, two were significant at the .05 level. The gender of the subjects affected how they perceived androgynous tendencies, and the empty nest syndrome. Significance was not found in relation to the eight other factors studied. It is safe to conclude that Cajun ethnicity does not play a large part in determining how the middle-aged years are perceived. It is also apparent from this study that gender is relevant to how individuals perceive topics surrounding middle-age.

Recommendations for Future Research

While this study did not find many significant differences between men and women in reference to middle-aged life events, it could be because of the small sample size. Future research should focus on the many aspects of middle-age and not rely on perceptions based on the popular media.

It is also recommended that future studies continue to consider the Cajun population due to the lack of research on this population.

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BUILDING THE CLASSROOM COMMUNITY AS A SUPPORT SYSTEM FOR THE ADULT LEARNER

Penina Frankel

Adult learners, a growing and important population in higher education today, come to class bearing a variety of personal and work-related pressures. They have generally been away from formal education for a number of years and may lack skills and confidence as students. In addition, many come as a response to a transitional point in the lives, such as divorce, marriage of children, or a move to a new location. Others embark on continued education to upgrade their credentials at work and are coping with a full-time job and family responsibilities, along with the demands of student life.

The classroom can be a supportive and affirming community to help relieve the stress, pressures and anxiety of the adult learner, when the instructor fosters a cooperative, collaborative learning environment in which there is ongoing affirmation of the "person" within the student.

Adult learning methodology developed by Knowles and Kolb, and the humanistic ideas of Martin Buber and Carl Rogers, along with this author's conceptualization of techniques to build a "therapeutic classroom milieu" (TCM), can be utilized to develop a classroom community which meets both the intellectual and emotional needs of students.

This article presents a synthesis of adult learning methodology which will explain the process of building a supportive community within the classroom.

Adult Learners

Adult students return to school for a variety of reasons. A survey of graduate school counseling classes which this author conducted supports this premise. Forty-two percent of the respondents indicated that a major

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Penina Frankel, Ph.D. is Director, Graduate Programs in Human Services, National Louis University, Evanston, Illinois.

life change was a factor in their decision to return to school. Normative life transitions such as: loss of a spouse, loss of a parent, divorce, or sending the youngest off to school become catalysts for a decision to start a graduate school program, or to resume college studies.

The desire to change careers was a significant factor for seventy-six percent of the students surveyed. In addition, eighty-four percent of the respondents pointed to a need for self-improvement and self-enrichment as a contributing factor in their decision to continue their education.

Adult learners have complicated lives. They add the role of student to the multiple roles they are already playing. Gerson (1985) examined the consequences of multiple roles for mid-life women returning to school and found that adding the student role to their other roles increase life satisfaction, but also increased stress and tension. In essence, for these women, returning to school had both positive and negative outcomes.

Assuming the adult student role may result in increased tension, as well as uncertainty about the demands of student life and one's ability to meet these demands, how important it is that the learning atmosphere be one in which the returning student feels supported and affirmed.

The remainder of this article describes the teaching methodology which can transform a classroom of individual students and an instructor into a supportive and affirming learning community. The process of this transformation is largely determined by both teaching style and methodology. It emphasizes the importance of the instructor-student relationship as a model for student-to-student relationship and interpersonal behavior.

Instructor-Student Relationship

Martin Buber (1965), the renowned philosopher and educator, has written about an approach to education which emphasizes the relationship of an instructor to student as a central dynamic in the learning process.

In his essay, "Education of Character," Buber (1965) states that education worthy of the name is essentially education of character, concern with the person as a whole, both "in the actuality in which he lives before you now and in his possibilities, what he can become" (p. 115). He sees the relationship of instructor to student as much more than one in which an

expert imparts knowledge to a learner. In the relationship, the instructor approaches each student not only for who he is at this moment, but for who he or she can become. The instructor relates to the full person within the student.

Buber (1965) speaks of the master-apprentice relationship as the true educational relationship. The apprentice learns from the master while living with him/her. The apprentice learns from the total sharing of the life-style without being aware of exactly how and when he or she is learning. This is an excellent example of the instructor as a model. The instructor is seen as one who teaches by personal example, the total person is the "transmitting agent" (Buber, 1965, p. 139).

A classroom, which becomes a learning community, can also result in a total educative experience, because the student learns not only from the instructor, but from each and every student in the class. When an instructor sets an atmosphere of valuing and prizing of each student and his/her contribution, students will be encouraged to value each other's contribution as well, and to learn from each other as well as from the instructor.

Counselors and therapists often use the term "use of self" to describe how they respond and relate to the client during a session. However, this term may also apply to the instructor, "the transmitting agent," for his or her style of relating and responding to students becomes the norm for the way students relate to each other.

According to Buber (1970b), the ideal atmosphere for learning is created by the instructor's developing a special relationship with the student, in which each affirms and acknowledges the other. However, in essence, the relationship remains one-sided. It is a helping relationship in which the focus is on promoting the growth of the client who is being helped; in this case, the student. As Buber (1970b) says, "if it loses one-sidedness, it loses essence" (p. 178).

Buber's views on education have more to do with teaching style than with teaching methodology. Teaching style refers to how the instructor relates and responds to the student, as well as to those distinctive qualities of behavior which the instructor consistently exhibits. Studies have shown that teaching style influences the classroom environment more than any other element of the educational process (Conti, 1985).

Knowles and Adult Learning Theory

Malcolm Knowles (1970), considered by many to be the father of adult learning theory, also considers the instructor's role to be the most important factor influencing the nature of the learning climate. In 1968, Knowles reintroduced the term androgogy and defined it as the art and science of helping adults learn. He emphasized four characteristics and needs of adult learners (Knowles, 1980).

1. As a person matures, his/her self-concept moves from dependency toward self-direction. The adult learner has a need to take more responsibility for the choices of what to learn and how to learn it.

2. The adult student has a wealth of life experience, and has a need to utilize this life experience as a resource for learning.

3. Adult learners have a need to obtain learning that is specifically related to their goals, interests and personal needs.

4. The adult student has a need to move toward increasing competence.

To respond to these unique needs, the instructor must play a nontraditional or androgogical role which differs greatly from the traditional method of teaching children. Androgogy emphasizes an instructional climate which is mutually respectful, informal, and collaborative. Planning is a mutual process between instructor and student. Experiential techniques are used to augment and enhance learning, actively involving the learner. Group discussion is emphasized, as well as role playing, skill practice, and lab methods.

These androgogical methods focus on the adult student's need to be a self-directing rather than a dependent learner and to learn through experience rather than through lectures (Knowles, 1980). The androgogically-oriented instructor must ask some very basic questions to assess his or her effectiveness. Does the teaching and learning process contribute t the student's personal development? Is the learning encounter a person-to-person interaction or an authority-subordinate interaction? Is it a dialogue or a monologue?

Experiential Learning

David Kolb (1984) emphasizes experience as the core ingredient of the learning process. His experiential model postulates that learning involves a cycle of four processes, each of which must be present for learning to occur.

1. Concrete Experience. The learner engages in a "concrete experience," either by active participation or by reflecting on a past experience.

2. Reflective Observation. The learner reflects on this experience from different perspectives and considers its basic meaning.

3. Abstract Conceptualization. The learner draws logical conclusions integrating theoretical constructs of others.

4. Active Experimentation. The learner applies what he or she has learned and uses these conclusions to guide future decisions and actions. These conclusions lead to new concrete experiences and the cycle repeats itself.

Kolb (1984) proposes that learning is enhanced when all four parts of the above experiential model are used. Several fine examples of using this model can be found in Murrell & Claxton's (1987) article, "Experiential Learning Theory as a Guide for Effective Teaching." In addition, the following experiential techniques are effective in counseling classes and may be made applicable to other learning situations as well.

Students are asked to think of a "good" and a "bad" interview which they have had (concrete experience). They are then asked to reflect on and to share their perspectives regarding what made the interview experience a positive or negative one (reflective observation). The class draws up guidelines for effective interviewing (abstract conceptualization). These guidelines are used to provide a basis for evaluating TV interviews which students are asked to observe and discuss (active experimentation).

Students are asked to think of a marital relationship they have seen in a recent film (concrete experience). What were the dynamics of the relationship? (reflective observation). If this couple were to come for counseling, what problems would be presented? (abstract conceptualization).

Students then role play the counselor working with the couple (active experimentation).

The utilization of experience as a resource for learning, as well as a technique to stimulate learning, is an essential component of a learning community. Sharing memories of life experience which are relevant to subject matter, or collaborating in a classroom learning experience are part and parcel of the development of a supportive and affirming classroom community.

Collaborative Learning

Bruffee (1987) reported that students learn better through non-competitive collaborative work than in classrooms that are individualized and competitive. Collaborative work encourages the building of student relationships, and as Abercrombie (1960) discovered in her research on medical students, relationships among people enhance the receipt of information. In collaborative work, once the task is set, the group of students is then left free to plan, organize and pace their work by themselves. For example, students can be asked to work in groups to present various aspects of course content to the class.

What is the source of knowledge in collaborative learning? The instructor or authority figure is no longer the source, but rather the communal understanding and analysis become the ultimate source of knowledge. Each member of the collaborative group contributes to this communal knowledge obtained through consensus. Collaborative work encourages listening to one's partners' views, adding one's own view, and together building a consensus of knowledge.

The shared experience in learning builds bridges between students. The adult students come to see each other as partners in a mutual endeavor to improve skills or increase knowledge. In addition, the sharing of life experience or insights related to course content, provides an opportunity for the adult student to learn about classmates, their views, cultural background, and values. This encourages a more cohesive and supportive ambience within the classroom.

Transferring Counseling Skills to the Classroom

Skills and techniques drawn from the practice of individual and group counseling cna be utilized with great benefit in the adult classroom. The application of adult learning methodology, together with the unique skills of counseling, enhances and enriches the learning experience, promotes a more positive self-concept and heightened self-esteem for the individual student and helps to build supportive and affirming relationships among students. This is the basic thrust of what this author has termed the "therapeutic classroom milieu" (TCM) for the adult learner.

One of the most important counseling skills is being fully present as an affirming, nonthreatening figure (Rogers, 1958). In an interview just before his death, Rogers stated that an instructor must "learn to be present as a person, which is the last thing most academics want" (Heppner, Rogers, & Lee, 1987).

Can we as individuals be "present" in our classes of 15 or more adult students? Being present may result in a personally intense classroom experience. The instructor is aware of the various feeling states in the class and understands that each student comes with his/her own personal "baggage" to the classroom. Being present involves reflecting on what is happening in class that may relate to this baggage and make it heavier or lighter. In this way, the instructor utilizes therapeutic skills of intense awareness and sensitivity.

Second, listening skills can effectively be transferred into the classroom. The sensitive instructor listens not just to hear a specific answer, but to become enlightened by a student's perceptions of a particular issue, experience or concept. The instructor listens to determine how a student's experience and perception relate to and augment the subject at hand. The instructor listens also for the underlying meaning that the student may not be articulating in a clear way. The instructor can then reframe or paraphrase the student's responses so that the meaning becomes more focused and clear.

Paraphrasing is a technique that can be used often in class, because it affirms and acknowledges the student's contribution to the discussion. A student's ideas become more meaningful when the instructor reflects the content ore rephrases the essence of the student's comments and applies the comments to the material being studied.

A third basic counseling skill that promotes a stimulating, vital and affirming classroom milieu is the use of the open question to initiate a discussion of course content. This method is particularly potent when a question is tied to the reservoir of lie experience and personal perceptions that the more mature student so amply possesses. Such questions as "What are your personal reactions to . . . ?," or "What has been your experience with . . . ? " will usually elicit a host of varied replies that can then be processed and applied to course content.

The fourth counseling skill that is highly effective in a classroom setting is the skill of empathy. Empathy entails being sensitive to where the student is — both verbally and nonverbally. Is the student interested, stimulated, preoccupied, confused, involved or withdrawn? Is he or she tuned in to other students and responding accordingly?

As mentioned before, adult students attend class with the many burdens and satisfactions of their life situations: financial problems, handicapped or ill children, rocky marriages or recent divorces, aging parents and problems in family relationships or in work relationships. These life situations exist concurrently with their life as a student. Instructors need to be sensitive to the multiple roles that each student plays and how these roles affect the learning process.

Asking students about their feelings, impressions, thoughts and ideas related to their experience in class acknowledges and affirms them, as well as enlightens the instructor. Class can begin with the instructor asking students if they had any reactions, feelings or thoughts about the last class session or the assignment. Doing so provides the student with the permission to articulate unanswered questions, reactions, or feelings or ask questions related to the class process, which may not otherwise have been expressed.

In a counseling session, the relationship between client and counselor begins to develop in the first session, and that first session is extremely important in establishing the foundation for what is to come. Similarly, the climate in the classroom is set in the first session, particularly in terms of the instructor-to-student and student-to-student relationship.

The climate of a "therapeutic classroom milieu" is one of respect for the adult learner and the broad base of life experience he/she brings to the classroom. This climate involves mutual discovery and learning resulting from the combination of instructor knowledge and experience and

of student knowledge and experience. This climate respects individual differences, whether they are cultural, philosophical, intellectual or differences in values, abilities and lifestyle.

Just as the group facilitator or therapist serves a modeling role for attitudes of respect, support, acknowledgement and validation of each group participant, so the instructor of adult learners serves this modeling role. A critical and devaluing stance has no place in the classroom, just as it has no place in the counseling or group therapy session. Validation and valuing individual students effects student-to-student relationships and interactions, as well as encourages the substantive integration of course content.

Conclusion

Adult learners are an increasing population in the nation's colleges and universities. The student role often results in increased stress and tension for the adult learner, particularly if the student is working full-time and/or is dealing with a major life stage transition. This article discussed several teaching styles and techniques which can provide the basis for building a supportive and affirming classroom community for the adult learner.

The above discussion of adult learning methodology draws from the ideas of Buber, Rogers, Knowles and Kolb, as well as from this author's conceptualization of the elements of a "therapeutic classroom milieu." The article describes a learning atmosphere which promotes a strong bond between instructor and student and between student and student. Such an atmosphere will reduce stress and tension, encourage learning and be an invaluable life experience for the adult learner.

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GENDER ROLES IN RELATIONSHIPS AND THE WORKPLACE: A PRELIMINARY STUDY

Patricia W. Stevens

A dramatic change has occurred in gender role identity over the past twenty years. Stereotypical descriptions of male and female characteristics and behaviors no longer apply in today's changing society, leaving both men and women in confusion and conflict (Bernard, 1989; Cook, 1985; Degler, 1980).

Counselors have expressed an interest in assisting men and women who are struggling to establish a clear personal identity. Yet the diversity of gender roles that has developed throughout the past two decades has created a difficult challenge for even the most experienced counselor. The answer to this dilemma is confounded as gender roles continue to be redefined. One answer widely accepted in the 1980's was psychological androgyny (Bem, 1974; Cook, 1985). In the 90's, it may prove valuable to again examine gender role changes, associated anxieties and solutions to adaptation.

Historically, men have been seen as the hunters and women as the keepers of the hearth (Friedl, 1975). Throughout history, these roles have rarely been challenged or mitigated for any length of time. In America, the Industrial Revolution began to change the definition of these roles. For most of the 19th century, women workers provided the bulk of the labor forces in textiles and a substantial portion in other industries. However, unlike men, women usually left the work force upon marriage. The women who stayed in a profession and continued to work after marriage were rare. Professions of choice for women were those that could be combined with the family. The primary occupations fitting this description were teaching and writing (Degler, 1980).

During World War I, women were faced with the opportunity to enter new occupations as men left to join the army and navy. As early as 1916, feminist thinker Jessie Taft wrote, "From the standpoint of the

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Patricia W. Stevens, Ph.D., Assistant Professor, University of Colorado at Denver, Denver, Colorado.

individual woman, the most hopeless problem, and one which carried with it a long train of lesser difficulties, lies in the economic field . . . Shall the young girl of today prepare for marriage or wage-earning, for neither, or for both" (Degler, p. 411). However, the continued movement of women into the work force did little to diversify occupations beyond those sought at the beginning of the century (Degler, 1980).

With the advent of World War II, American women dramatically changed occupations and roles. In massive numbers women left home to enter the labor force for economic reasons. After World War II, 2.75 million women joined the labor force (Degler, 1980). The war's demand for labor increased work status and incomes for women. Yet as late as 1945, a *Fortune* poll indicated that 63 per cent of Americans thought a woman should not work if her husband could support her. White collar and service sectors of the economy were rapidly expanding. After the war, women were the largest available labor source and the feminization of office work began to ease women's entrance into business (Hymowitz & Weissman, 1978).

Occupational opportunities for women broadened during the 40's and 50's (Degler, 1980; Kreps & Leaper, 1976). Still in the 1950's, the majority of women were considered mainly family oriented as non-working mothers who stayed home to clean house, cook meals, raise children, and provide emotional stability for the family. American life still did little to accommodate a woman who wanted to be a wife/mother and have a career outside the home. Married women who worked found minimal assistance from employers, co-workers, school systems, childcare specialists, husbands or other family members. There were two distinct sets of problems — one in the labor market and one in the home. Companies would often refuse to hire married women with children. Husbands felt threatened by wives who worked and provided minimal support for housework or childcare (Hymowitz & Weissman, 1978).

The role of men in the family and the workplace during this same period of time changed only slightly. The traditional role of the father included teaching worldly survival skills to his sons, and being available as the primary male role model. A slow trend toward more emotional involvement in the family evolved in the post-war years, with men endeavoring to befriend their children (Rotundo, 1985).

Men of this era were judged by the standard of life which they were able to provide. The "good provider role" required that man be the sole breadwinner for the family. Status in the community and in the family was determined by how well the male provided. This role was restrictive, as it did not include provision for emotional expressivity. This lack of emotional expression was not interpreted as neglect of the family (Bernard, 1989).

The 1960's was a period of prosperity, increased concern for civil rights, and greater aspirations of minorities and women. With the advent of the women's movement, gender roles became less rigid. Betty Freidan's (1963) book, *The Feminine Mystique*, inspired a second generation of women who were moving out of the home and into the workplace. These women were passionate about changing their roles in the home, the workplace and society. There was a dramatic increase in women entering the professions. Between 1960 and 1970, female attorneys increased from 2.4 per cent to 4.7 per cent. During the same time, women engineers increase by a rate of 4.5 times that of men in the profession. Despite these changes, the majority of women were still found at the lower levels of the economic pyramid, with 34.1 in clerical positions in 1973 (Kreps & Leaper, 1976).

Throughout the sixties and the seventies, women marched, picketed, lobbied and lectured about Women's Rights. They adamantly and loudly proclaimed the suppression of women by men in society and demanded changes: changes in wages, in parenting, in child care, in reproductive rights. Women wanted a change in attitude along with an acknowledgment from others, mainly men, of the legitimacy of their claims. Such acknowledgement did not materialize.

Changes in women's roles did not appear to be rapidly forthcoming. As late as 1979, Erickson, Yancey & Erickson stated in *The Journal of Marriage and the Family*,

> Nowhere in this paper do we intend to say that women are able to equalize their power with their husbands. In our society, men are accorded higher status than women, and this is institutionalized in the legal system, the occupational structure and the political areas as well as in the home (p. 311).

Even as women marched and demanded equal rights, they were entering the workplace, a male dominated system, using skills that had been developed by a patriarchal society over generations. Schaef (1985) describes what she calls the "White Male System" and states, "There is a direct correlation between buying into the White Male System and surviving in our culture" (p. 5). Women of the seventies and early eighties were considered, among other less complimentary names, as aggressive, ambitious, uncompromising, domineering and opinionated. These traditional male descriptors were often considered as necessary in order to climb the corporate ladder. Yet the female role carried a double meaning and a double burden for women. The "strident feminism of the seventies with hits attempt to clone the male competitive model" created dissonance for women. Attempts to combine both wife/mother role and career woman roles were further undermined by weak societal support systems (Hewlett, 1986, p. 33).

As a solution for both men and women, Bem (1974) predicted a combining of gender roles and stated that "perhaps the androgenous person will define a more human standard of psychological health" (p. 162). In the 1980's, this new conceptualization of gender roles was fully developed.

Time spent in the family was the social indicator for the changing gender roles of men, while participation in the labor force was the indicator for women. Values appeared to be changing for both sexes. Androgyny, a balanced blending of high levels of both masculine and feminine characteristics, was accepted as a growth-affirming outcome or actualization of self for both males and females (Cook, 1985). Androgynous fatherhood required a good father to be an active participant in day-to-day child care. A good father was one who "avoided sex-typing and would make as little distinction as possible between sons and daughters" (Rotundo, 1985, p. 17). This new model of fatherhood required a dramatic change in definition of manhood, womanhood and the family. It required substantial changes in both emotional styles and the issue of power in the family.

A continuation of attitudinal change in gender roles was predicted. In 1982, Powell and Steelman stated " . . . as mothers enter the work force in greater numbers and do so earlier in the children's life cycle, we can anticipate a continuing rise in male attitudes that endorse working women" (p. 354).

Women's participation in the labor force was reported to have increased 27% to 35% over a sixty-year time span and men's participation

in the family was reported to have increased 20-30% during this same time (Pleck, 1987). In 1986, with both the husband and the wife employed in over 49% of all two-parent homes (U.S. Bureau of Census, 1986), the androgenous model appeared to be the ideal solution.

"Dual career" was the new term in the 1980's to describe households where both parents were in the labor force. The issue of division of household chores was prominent in the literature (Barnett & Baruch, 1987; Berardo, Shehan & Leslie, 1987; Mirowsky & Ross, 1987; Hiller & Dyehouse, 1987). The two most significant determinants of husbands' participation in family work were the number of hours the wife worked per week and her attitude toward shared household tasks. Women were still reported as performing 79% of the household chores. Single career husbands and dual career husbands spent the same amount of time on household tasks as they did before the woman's expanded work role. Dual career families were not seen as egalitarian in their division of labor (Barnett & Baruch, 1987; Berardo, Shehan & Leslie, 1987; Mirowsky & Ross, 1987; Smith, 1989).

As we enter the 1990's, the model of healthy gender role functioning appears to be less than ideal. Both males and females report confusion, conflict and a sense of exhaustion as they endeavor to define the rules and roles necessary to function in society today (Connell, Radican, & Martin, 1989; Glenn & Weaver, 1988; Hewlett, 1986). There appears to be a continued conflict between the societal description of male and female roles and the personal psychological experience of men and women. Women are beginning to acknowledge the power of the feminine in themselves. Men are searching for a masculine identity that defines themselves and yet does not denigrate the feminine. Nichols (1991) states:

> Men may be the real victors of the women's movement; they have been liberated from the responsibility to marry, to stay married, and support their families, but not from the old rights and prerogatives of male power. Men . . . are confused about society and their inner lives. Many of men feel the loss about familiar myths (the cowboy, the self-sufficient introvert) and models (Hemingway, John F. Kennedy) but also a sense of hope about new possibilities (p. 81).

Yet, both sexes are beginning to understand that gender differences are better celebrated than combined or suppressed.

Method

Subjects

In an attempt to add to the literature on gender roles, the present study was conducted. Subjects were 140 Master's level students enrolled in graduate education. Twelve subjects were not used due to incomplete data. Subjects' occupations were varied. Occupations included construction workers, teachers, nurses, social workers, and practicing counselor/therapists. The number of minority students enrolled in the program was insufficient to address ethnic differences and thus was a limitation. Mall enrollment was only 11% of the total, thus limiting conclusions drawn in this regard. Subjects ranged in age from under 30 (N = 35); 30-40 years of age (N = 48); 40-50 years of age (N = 39); and over 50 years of age (N = 6). Fifty-six of the respondents were married, 31 were divorced, 32 had never married, 2 were widowed, and 7 gave no marital status.

Procedure

Subjects were asked to list ten characteristics believed to describe women in today's society. Subsequently, they were asked to choose five of the listed characteristics they believed worked best in the workplace for women, and five that worked best in relationships today. Subjects were instructed to repeat this procedure for males.

Results

Words used by participants were grouped in order to facilitate analyses of the data. Groupings were chosen by a panel of three experts, including the researcher and two consultants. Words such as *hardworking*, *striving*, *ambitious* and *determined* were placed under the descriptor category "Motivated." *Afraid*, *scared*, *codependent*, and *alone* were placed under the descriptor labeled "Insecure." The panel was able to identify twenty-five groupings or descriptors with similar word definitions for females and twenty-five groupings or descriptors for males (see Table 1).

Table 1
Descriptors

Women

	Descriptor Word	Source Words
1.	Motivated	hardworking, striving, ambitious, energetic, determined, dynamic, committed, pragmatic
2.	Superwoman	over-worked, burdened, stressed, mothers, career-oriented, homemakers, family-oriented, busy, tired, hurried, double-tracked
3.	Caring	kind, loving, giving, concerned, compassionate, loyal
4.	Assertive/aggressive	
5.	Insecure	afraid, scared, defensive, co-dependent, alone, enabling
6.	Emotional	moody, sentimental, deep-feeling
7.	Integrated	together, growth, balanced, autonomous, insightful
8.	Cooperative	flexible, cooperative, open-minded
9.	Independent	independent, individual
10.	Capable/dependable	efficient, productive, competent, faithful, responsible, organized, professional, leader, skilled, loyal
11.	Oppressed	under-paid, exploited, ineffectual, abused, victims, under-appreciated, disappointed, impatient
12.	Physically healthy	physically fit, concerned with looks, attractive

Table 1
Descriptors
(Continued)

Women

	Descriptor Word	Source Words
13.	Confused/frustrated	confused, frustrated, indecisive
14.	Strong	strong, strength, strong-willed, powerful
15.	Feminine	femininity, sexy, beautiful, nurturing, protective, lovers, intuitive, sensual, maternal, listeners, teachers, mediators
16.	Sensitive	sensitive, thoughtful, understanding, supportive, helpful, patient, responsive
17.	Intelligent	intelligent, educated, curious
18.	Disappointed	angry, sad
19.	Humorous	humor, fun-loving, spontaneous
20.	Interesting	
21.	Self-righteous	demanding, self-righteous, cold, ruthless, martyr, explosive, obnoxious
22.	Confident	forthright, particular, controlled, decisive, adventurous, outgoing, self-reliant, bold, direct
23.	Honest	truthful, open, self-disclosing, fair
24.	Social	social, conversational, communicative, people-oriented, talk-oriented, happy fulfilled
25.	Satisfied	happy, fulfilled

Table 1
Descriptors
(Continued)

Men

Descriptor	Word	Source Words
41.	Caring	caring, friendly, loving
43.	Cooperative	team-minded, equal-minded, flexible, networking, social, open to change, supportive
44.	Strong	powerful, strong, controlling, emotionally strong, physically strong, truthful, direct, verbally open
46.	Logical	realistic, linear, logical, focused
47.	Insecure	low self-esteem, afraid, weak-willed, vulnerable, wimpy, self-conscious, neutered, passive, repressed, defensive, victims
48.	Intelligent	knowledgeable, resourceful, intelligent, educated, creative
49.	Dependable/capable	dependable, capable, competent, efficient, hard-working, reliable, professional, loyal
50.	Opportunistic	over-paid, money-hungry, unscrupulous, materialistic, greedy
51.	Confused	confused, searching, questioning
52.	Non-integrated	emotionally repressed, spiritually flat, rigid, unenlightened, unbalanced, ignorant, lack of self-awareness, immature, unattached
53.	Arrogant	egotistic, sexist, pushy, superficial, opinionated, impersonal, lewd, judgmental, authoritarian, macho

Table 1
Descriptors
(Continued)

Men

Descriptor	Word	Source Words
54.	Masculine	masculine, capable lovers, providers, organized, motivated, hardworking, ambitious, success-oriented, career-oriented, workaholics, daring, risk-taking, competitive, assertive/aggressive, determined, tough, sexually driven, hierarchical, dominant, leaders, technically-oriented, male-oriented
55.	Humorous	humor, sense of humor, charming, charismatic, easy-going, social
56.	Sensitive	sensitivity, polite, "neat"
57.	Confident	confident, self-possessed, autonomous, decisive
58.	Angry	anger, intense, cold, anxious, abusive, violent
59.	Disappointed	disappointed, disillusioned, impatient,
60.	Selfish	self-centered, stubborn, close-minded, narrow-minded, secretive
61.	Satisfied	happy, fulfilled
62.	Independent	
63.	Non-communicative	
64.	Superman	over-worked, underappreciated, stressed, hurried, doing it all (work and family), fatherhood, overburdened, overwhelmed

Table 1
Descriptors
(Continued)

Men

Descriptor Word		Source Words
65.	Physically healthy	health conscious, athletic, fit, sports-minded, concerned with looks

The descriptor most often indicated as a general characteristic of women was "Superwoman," with 43.4 percent of the respondents using this term. The two descriptors that were given next frequently were "Capable," with 42.6 percent, and "Feminine," with 42.6 percent. "Caring," "Integrated," "Sensitive" were words used by one third of the respondents. Respondents indicated that women today were "Assertive" (27.9%), and that they believed that women were "Independent" (26.4%). "Oppressed" was used by 22.5%, and 21.7% indicated that they believed women were "Satisfied" today.

Respondents were then asked which of these characteristics worked best in the workplace for women. Thirty-three point three percent indicated that women needed to be "Intelligent." Women were considered "Capable" on the job by 34.1% of the respondents. Approximately one-fourth indicated that women were "Motivated, Superwoman, Caring" and "Assertive." Again, only 2.3% of the respondents indicated the presence of satisfaction in the workplace.

The one characteristic reported as working best for women in relationships by respondents was "Motivated" (25.6%), with "Caring" reported by 18.1%. "Satisfied" was not reported by any respondent as a descriptor of women in relationships today.

Table 2
Percentages of Responses

Women

Descriptor	General	Workplace	Relationships
Motivated	21.7	29.5	25.6
Superwoman	43.4	24.0	--
Caring	38.8	21.7	18.6
Assertive	27.9	21.7	5.4
Insecure	14.0	1.6	10.1
Emotional	16.3	2.3	--
Integrated	34.1	17.1	3.9
Cooperative	11.6	93.	3.9
Independent	26.4	18.6	.8
Capable	42.6	34.1	--
Oppressed	22.5	2.3	2.3
Healthy	15.5	7.8	.8
Confused	21.7	3.9	--
Strong	22.5	18.6	.8
Feminine	42.6	17.1	.8
Sensitive	35.7	16.3	--
Intelligent	34.9	33.3	--
Disappointed	4.7	1.6	--
Humorous	9.3	3.1	--
Interesting	4.7	2.3	--
Self-righteous	17.1	5.4	--
Confident	15.5	11.6	--
Honest	15.5	7.8	--
Social	17.8	8.5	--
Satisfied	3.1	2.3	--

Table 2

Percentages of Responses

(Continued)

Men

Descriptor	General	Workplace	Relationships
Caring	6.2	12.4	17.8
Proud	.8	.8	.8
Cooperative	24.0	12.4	17.8
Strong	19.4	14.0	8.5
Honest	16.3	10.1	9.3
Realistic	13.2	10.2	3.9
Insecure	25.6	4.7	8.5
Intelligent	24.0	26.4	14.0
Dependable	17.1	12.4	7.8
Opportunistic	13.2	11.6	2.3
Confused	28.7	3.1	5.4
Non-Integrated	11.6	3.9	.8
Arrogant	24.0	9.3	3.9
Masculine	78.3	60.5	28.0
Humorous	17.1	7.0	10.1
Sensitive	24.0	13.2	16.3
Confident	17.1	11.6	7.0
Angry	13.2	2.3	.8
Disappointed	5.4	.8	--
Selfish	22.5	4.7	1.6
Satisfied	.8	1.6	--
Independent	14.7	9.3	7.8
Non-communicative	12.4	2.3	1.6
Superman	30.2	4.7	8.5
Healthy	12.4	6.3	1.2

The best general characteristic used to describe males today, according to the respondents, was "Masculine" (78.3%) "Superman" was used by 30.2% of the respondents, "Confused" by 28.7%, "Assertive" by 26.4%, and "Insecure" by 25.6%. Men were also described by approximately one-fourth of the respondents as "Cooperative," "Intelligent," "Arrogant," "Sensitive," and "Selfish."

In the workplace, men were defined best by the descriptor "Masculine" (60.5%). "Intelligent" was used by 26.4%. All other descriptors were minimally mentioned.

"Masculine" was the characteristic that best described males in relationships today, with 28% indicating this response. "Caring" and "Cooperative" were used by 17.8% of the respondents, and "Sensitive" by 16.3%. Only 7% of the respondents indicated that males were "Confident" in relationships, while none of the respondents indicated that they were "Satisfied." (See Table 2.)

Discussion

This preliminary study gathered data in a direct, concise manner. The study appears to support the literature viewing society as moving away from androgyny as the solution to gender role issues. Although women still view themselves very strongly as "Superwoman," indicating a need to fill all roles in the family as well as the workplace, other positive descriptors were also frequently mentioned (capable, feminine, caring, integrated, sensitive and intelligent). Interestingly, however, 22.5% of the respondents still believe that women today are oppressed.

The descriptors used for women in the workplace were stereotypical, including capable, motivated, superwoman and assertive. The use of "caring" may indicate a slight attitudinal change for women.

In relationships, women are motivated. Although superwoman was not used for this area, one could imply the same sense of working diligently toward a goal as indicated by the word "Motivated." Other descriptors were minimally mentioned, perhaps indicating a weak identity for women in relationships. The researcher notes that less than 1% of the respondents described women as independent in relationships.

"Satisfied" was given by less than 3% of the respondents as a general or workplace descriptor and was not mentioned as a relationship descriptor. Very few descriptors were provided describing women in relationships today.

Men today appear to be strongly defined by the descriptor "Masculine" in all three areas: general, workplace and relationships. However, slightly over one-fourth of the respondents indicated that men today are "Confused" and "Insecure." Slightly less than one-fourth stated that men were "Cooperative," "Intelligent," "Arrogant," and "Selfish," presenting a complex and indefinite description of men today. "Superman" as a descriptor was used with males in describing relationships (30.2%), perhaps indicating the stress on men today to perform well in the home as well as in the workplace.

Implications

One implication that could be made as a result of this study is that males and females today are not satisfied with their roles in today's society. As much as we would like to believe that stereotypical gender roles have changed over the past decade, this study appears to indicate otherwise. Women still seem to feel obligated to handle all aspects of life: to be the good mother, to climb the corporate ladder and to be the loving wife. This leads to feelings of being overwhelmed, unappreciated and oppressed. Men appear to also feel stress in relationships as they endeavor to combine careers with being a caring and committed father within the home.

As counselors, it is important to be aware of the continued conflict between how clients perceive their lives and the ideal solutions that appear in both the research literature and the popular media. Androgyny does not seem to be the answer, as males and females still describes themselves mostly in polarities with little movement toward a balanced medium. Stress for women appears to be more related to the workplace. Stress for men seems to be more related to the home, as both men and women strive toward an elusive middle ground of androgyny. During this process, a level of dissatisfaction has evolved in most areas of their lives, creating greater challenges for both men and women.

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A COMPARISON OF THE ATTRIBUTIONS AND DEPRESSION LEVEL OF INCEST VICTIMS AND NON-VICTIMS

Cheryl Thomas

An increasing number of women who seek counseling are revealing a history of incest, either as an issue which is still overwhelming them in adult life, or as a background theme to other presenting problems. Incest survivors are women who have been overpowered to an extraordinary degree (Bergner, 1990). Theirs is the experience of exposure to a recurring traumatic situation -- repeated sexual advances by a person or persons whose behavior seems uncontrollable.

Incest has been considered to be a paradigmatic "learned helplessness" situation (Bergner, 1990). Abramson, Seligman and Teasdale (1978) reformulated a previous way of understanding learned helplessness in human beings based on attribution theory. According to reformulated learned helplessness theory, once an individual perceives noncontingency, she attributes her helplessness to a cause. Individuals who have been victimized display the learned helplessness phenomenon. Victimized individuals thus become numb and passive and have learned through their victimizing experiences that responding is futile (Peterson & Seligman, 1983).

In this study, the depression level of incest victims was examined because of the likelihood of depression following this recurring scenario. Attributional style was also examined to see if differences in the responses of incest victims and subjects who did not have an incestuous history (non-victims) on attributional and depression measures would be in the anticipated direction of the reformulated learned helplessness theory (Abramson et al., 1978).

Attribution theory provides a background for understanding the way individuals interpret their circumstances. Researchers have identified internal, stable and global dimensions of attributions and have

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Cheryl Thomas, Ph.D., University Counseling Center, University of West Florida, Pensacola, Florida.

linked them with depression. There have been confirming studies for the comparisons (Hammen, 1985; Peterson & Seligman, 1983; Peterson, Semmel, von Baeyer, Abramson, Metalsky & Seligman, 1982).

Depressed individuals have been identified as having a particular style of making attributions. That is, depressed individuals tend to believe that negative, or bad-outcome situations are due to them (internal) and that the cause for negative circumstances will recur in similar (stability) and dissimilar (globality) negative situations. Conversely, depressives' attributions in positive or good-outcome situations are more external, unstable and specific. They are less likely to expect the cause for a positive event to be due to themselves, or to recur if they are in another positive situation. However, attributional dimensions in good-outcome situations are not as clearly correlated with depression as attributions in bad-outcome situations. The depressive attributional style has been linked to deficits which have been considered part of the learned helplessness paradigm.

If the individual dimensions of attributions -- control, stability and globality -- represent distinct aspects of attributions, then individuals who are considered victims because of their traumatic life experiences, would be likely to differ from individuals who had not had these experiences, along those various dimensions. The Attributional Style Questionnaire (ASQ), acknowledged as one of the more frequently used instruments (Robins, 1988), was designed by Peterson et al., (1982) to examine individuals' attributions along these three dimensions. The originators of the ASQ have recommended using the composite scale scores unless looking for differential relationships based on the roles of each dimension (Peterson et al., 1982). Composite scores are the totals of the scores on all three dimensions of the bad-outcome situations (negative composite) and those on all three dimensions of the good-outcome situations (positive composite). Subject perceptions of internal control, stability and globality in bad-outcome and good-outcome situations should indicate their relation to depression which has been demonstrated in previous literature regarding attributions and depression (Peterson et al., 1982). However, it was also the author's intent to examine whether subject scores on the individual dimensions would be more thorough in their description of the differences between groups -- particularly when one group had the likelihood of a learned helplessness background.

Attribution theory has been used to examine the perceptions of unfortunate individuals such as lonely people (Peplau, Russell & Heim, 1979) and victims of misfortunes (Symonds, 1975). Some attribution literature regarding victim circumstances includes women who are victims of domestic violence (Frieze, 1979), and observers of victims (Gilmartin-Zena, 1983; Jackson & Ferguson, 1983; Ward, 1980). In general, such studies have found that the observers of victims tend to blame the victims for their victimization. Designation of blame in the incest scenario has included the attributions of college student "observers" of incest victims (Jackson & Ferguson, 1983) and those of incest perpetrators (Sagatun, 1982).

The literature of victimization usually refers to victims of crimes (such as rape), disease and disaster. Such research includes a model proposing victims' learned helplessness (Peterson & Seligman, 1983), an attempt to understand a wide variety of victim responses (Janoff-Bulman & Frieze, 1983), and speculation regarding a theory of victim responses to victimization. Though a large portion of the literature regarding attributions has links to depression and victimization, an attributional examination of incest victims has not been made.

The nature of the incest experience with the resulting depression and victimization invites an exploration of the attributional perceptions of incest victims themselves. The incest paradigm is one in which an adult perpetrator approaches a child for the adult's own sexual gratification. Frequently, the perpetrator warns the child that reporting the activity will impact the child negatively. This is often done by threatening the child, although rewards are also used, as well as a combination of threats and rewards (Meiselman, 1978; Rush, 1980; Russell, 1986). The way the incest victim makes judgments, such as those regarding the causes for the adult perpetrator's behavior, may reflect a learned helplessness style of attributions.

Incest victims are individuals who, as children or adolescents, have been sexually abused. For purposes of this study, "sexually abused" typically refers to involvement with an older relative for the relative's sexual gratification. Reports of incestuous activity have primarily been accounts of genital fondling, mutual masturbation and oral-genital contact (Russell, 1986). Though one definition considers incest strictly as sexual intercourse between members of a group who are not allowed to marry (Levi-Strauss, 1971), the majority of

researchers have not confined their definition of incest strictly to intercourse (Meiselman, 1978). The majority of incest victims are female and the majority of incest perpetrators, of both heterosexual and homosexual incest, are male. Although female perpetrators and male incest victims do exist, the paradigmatic example of an incestuous relationship is that of a male perpetrator and a female victim (Russell, 1986).

The occurrence of incest often creates a traumatic, lasting effect in victims which, though varied, results in certain victim similarities. Discussion of the similarities in the incest literature has been primarily descriptive. Incest victims are often described as feeling guilty, depressed, anxious and having low self-esteem (Courtois & Watts, 1982; Gelinas, 1983; Meiselman, 1978). Though it has been important to identify incest victim traits, the descriptions themselves give little information regarding the way incest victim perceptions may differ from individuals who have not been sexually abused. This study was an examination of the differences in depression levels and attributional style between women who had been incest victims and women who had never been sexually abused. In addition, it was an opportunity to examine the orthogonality of the attributional dimensions on the ASQ.

Method

Subjects

The subjects were 62 females. Thirty-two of the subjects had identified themselves as incest victims by responding positively to a survey item which determined: 1) that they had been sexually abused by a relative and 2) a sexually abusive event had occurred more than one time. The incest victim subjects were members of incest victim support groups sponsored by state-funded agencies in communities in the Southeast and the Northwest. They ranged in age from 14 to 53. Their mean age was 31. The 30 non-victim subjects ranged in age from 21 to 45. Their mean age was 29.

Measures

Assessment of Attributions. The Attributional Style Questionnaire (ASQ) developed by Seligman, Peterson, von Baeyer, Abramson and Metalsky (1979) was originally developed to identify a

particular causal attributional style which has been linked to depression (Peterson, et al., 1982).

The ASQ presents subjects with six bad-outcome situations and six good-outcome situations. In each situation, the subject is required to name a probable cause which is, in her estimation, responsible for the event and then, to indicate whether the cause of the probable event (a) would be due to her or due to other people and/or circumstances (internal control dimension); (b) would be present again or absent in a similar situation (stability dimension); or (c) would be present or absent in dissimilar situations in other areas of life (globality dimension).

The subject responds to these by using a Likert scale from 1 to 7 to indicate the degree to which the causes for the events, both bad-outcome and good-outcome, might be true for her in those situations. The results provide a score for responses to bad-outcome situations along each of the three dimensions as well as a score for good-outcome situations along all three dimensions. The average score for subjects on the 6 scores falls between 1 and 7 for each of the three dimensions.

Some attribution theorists have observed that open-ended attributional measures are not as reliable as fixed-format procedures (Elig & Frieze, 1979). As a result, the ASQ is a combination of the two, a compromise in which subjects first generate their own causes for the situations and then rate the causes along scale dimensions.

The results from the ASQ provide three dimensional scores for both positive (good-outcome) situations and negative (bad-outcome) situations. The direction indicating a "depressive style" of attributions is to score high on the negative attribution dimensions and low on the positive dimensions. In such cases, the subject is indicating to a greater degree than would one without a "depressive" style that bad-outcome circumstances occur (a) because of herself (internal control), (b) because of something bad which will always be present (negative stability), and (c) because of something bad which influences all other situations in life (negative globality). Similarly, the subject would indicate that good-outcome circumstances occur (a) because of someone or something else (lack of internal control), (b) because of something good which will rarely or never again be present (lack of positive stability), and (c) because of something good which only influences this situation (lack of positive globality).

Assessment of Depression. Depression was measured with the Beck Depression Inventory (BDI). The BDI was initially designed to assess the seriousness of an individual's state of depression which is defined on a continuum from mild transitory affects of feeling low to a severely psychotic state (Beck, Rush, Shaw & Emery, 1979).

The instrument consists of 21 groups of four statements. The statements in each group represent four varying levels of depression for each situation. Each statement is marked with the numbers 0 through 3. The lowest number, "0" corresponds to the least depressive statement while "3" corresponds to the most depressive statement in the group. Subjects are to circle the number beside the statement they choose. If several statement seem to apply, they are to circle each one. When scoring such items, the highest weighted response is selected. The BDI is scored by adding the numbers circled by the subject. Possible score range is from 0 to 63.

There is no arbitrary score which can be used to classify different degrees of depression but guidelines which have been suggested to interpret the scale are 0-9, normal; 10-15, mild depression; 16-19, mild-moderate depression; 20-29, moderate-severe depression; and 30-63, severe. The inventory is a reliable and valid instrument for the measurement of depression.

Procedure

All subjects participated by responding to survey items indicating whether they were incest victims or non-victims and then completed the Attributional Style Questionnaire and the Beck Depression Inventory. What resulted were BDI scores for incest victims and non-victims as well as ASQ scores on the three subscales: Control, Stability, and Globality in both bad-outcome and good-outcome situations.

Results

A discriminant analysis was performed on the research data which indicated how well the BDI score combined with the scores of the individual scales on the ASQ (in either bad-outcome or good-outcome situations) predicted group membership. That is, how well the responses on the instruments discriminated between incest victim and non-victim groups in either bad-outcome or good-outcome situations.

Discriminant analysis was used because it provides a way of determining the best combination of predictor variables in order to maximize differences among groups (Tabachnick & Fidell, 1983).

Two discriminant analyses were performed using the data. The first measured the differences between incest victims and non-victims regarding depression and dimensions of attributions in bad-outcome situations. The two variables which reached statistically significant levels of prediction were depression and the Stability dimension of attributions in bad-outcome situations. Incest victims' scores were higher than non-victims' scores on both of these variables indicating that incest victims are more likely to be depressed and more likely to expect perceived causes for bad-outcome situations to recur in similar bad-outcome situations.

Results of the analysis are summarized in Table 1 along with the presentation of group means for each variable. Neither of the other two attribution dimensions for bad-outcome situations, Internal control and Globality, provided to be significant predictors and were not entered into the analysis once the variance was accounted for by the Internal and Global dimensions in bad-outcome situations.

Similar to the results of the first discriminant analysis, the discriminant analysis measuring the differences between incest victims and non-victims regarding depression and dimensions of attributions in good-outcome situations demonstrated that the two variables which reached statistically significant levels of prediction were depression and the Stability dimension. This time, the Stability dimension difference in groups reflected their attributional differences in good-outcome situations. These results are shown in Table 2. Incest victim scores indicated that in addition to greater depression, incest victims are less likely than non-victims to expect perceived causes for good-outcome situations to recur in similar good-outcome situations.

The results of these two discriminant analyses indicate that depression is the most distinguishing feature between incest victims and non-victims. Table 3 which is an intercorrelation of the subjects' scores on these three dimensions in both bad-outcome and good-outcome situations illustrates the extent to which they are correlated with depression and also with one another.

Table 1

Discriminant Analysis: BDI Scores and ASQ Dimensions in Negative Situations			
Group Means	Standard Deviations in Parentheses		
Step	Variable	Incest Victims	Non-Victims
1	BDI	19.06(13.0)	6.57(4.8)
2	Stability (Negative)	4.64(1.2)	4.24(.6)
Non-entered variables			
	Internal (Negative)	4.42(1.2)	4.21(.9)
	Globality (Negative)	4.59(1.2)	3.95(1.6)

Table 2

Discriminant Analysis: BDI Scores and ASQ Dimensions in Positive Situations			
Group Means	Standard Deviations in Parentheses		
Step	Variable	Incest Victims	Non-Victims
1	BDI	19.06(13.0)	6.57(4.8)
2	Stability (Negative)	4.76(1.0)	5.30(.7)
Non-entered variables			
	Internal (Positive)	4.53(1.3)	5.32(.6)
	Globality (Positive)	4.73(.7)	3.95(.9)

Table 3

Intercorrelations of ASQ Dimension Scores and BDI Scores (Incest Victims and Non-Victims)

Score	1	2	3	4	5	6	7
1. Beck Depression Inventory							
Attributional Style Questionnaire Dimension Scores							
Negative situations:							
2. Internality	.27						
3. Stability	.57	.54					
4. Globality	.48	.60	.79				
Positive situations:							
5. Internality	-.37	-.10	-.44	-.43			
6. Stability	-.07	-.16	.04	-.09	.45		
7. Globality	-.06	-.02	.08	.22	.28	.5	

Discussion

This study was designed to use discriminant analysis to examine the differences between incest victims and non-victims in terms of the "learned helplessness" phenomenon. It was also an opportunity to examine the usefulness of the individual attributional dimensions used in the ASQ.

The results indicated that depression levels were the greatest discriminator between the incest victims and the non-victims. The mean on the BDI for the incest victims was 19, while the mean for the non-victims was 6. A wide variance of BDI scores for incest victims touches upon the issue of differences in level of trauma experienced by incest victims.

Incest victim accounts of catastrophic attempts at relationships with men, a scenario with similar components to one of earlier sexual abuse, often illustrate, for the counselor, the consequences of the "conception of oneself as powerless and violatable" (Bergner, 1990). It is not unusual to hear descriptions of an incest victim's unwillingness to assert herself with another individual, particularly a male. Subsequently, the sense of vulnerability which the incest victim has "leads to situations which are reminiscent of the earlier overwhelming ones provoking fear and even panic" (Bergner, 1990).

It is not surprising that this avoidance of assertive behavior leaves incest victims with the depression and anger which is typically reported by those with an incest history. When working with adult incest victims, counselors can recognize these elements which reflect attributional dimensions as they assist the incest victim in reformulating a conception of herself in which she is "able to defend herself, to initiate assertive actions and to steer her life course based on her own wants" (Bergner, 1990).

Helping the incest victim to see the world as less threatening and overwhelming (than her personal experience has given her reason to believe) will dramatically alter her attributions as she changes the way she makes judgments about herself and the world.

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GENDER DIFFERENCES IN CAREER DEVELOPMENT

Larry D. Burlew
Scott F. Butler

The study of career development was, and is, based on models developed using white, middle-class men as subjects (e.g., Super, 1957) and, although updated, counselors are still being taught and "buying-into" these models of career development. Even though developmentalists stress that factors like the environment, culture, and gender affect development, university classes in career development are still paying little attention to these factors. Probably because of the women's movement, researchers are beginning to acknowledge (via active projects) that men and women are socialized differently (Kahn, 1988), and the differences in socialization must impact basic developmental tasks. However, having research findings on gender differences available and finding community and university programs that put the findings into action are very disparate functions in our male-oriented society.

Career development is but one area in the complex study of human development, yet it is an area that most people think and/or talk about daily. Unlike moral development, for example, which is not usually consciously discussed over lunch, workers constantly lament or rejoice over some aspect of their career development. However, workers lament or rejoice without considering how "external factors" may have impacted their potential for success in achieving various career developmental tasks. Career counselors, in turn, may be slighting their clients, as well as the community at large, if they remain ill informed of the effect these "external factors" have on career development. Gender differences in career development, the focus of this article, is one of these "external factors."

Larry Burlew, Ed.D., is the Coordinator of the Counselor Education program, University of New Orleans, New Orleans, Louisiana.

Scott F. Butler, B.A., is a Master's candidate, University of New Orleans, New Orleans, Louisiana.

According to Kahn (1988), the "therapeutic focus [must be placed on] the relationship between internal, psychological factors and external, social forces" (p. 243). Career counselors must know what these "external, social forces" are regarding gender differences in career development, and how they negatively or positively influence the "internal, psychological factors" of female or male clients. The focus of this article is to identify some of the most common "external, social forces" impacting the career development of women and men.

Method

From a review of the literature on gender differences in career development, the authors identified eight areas repeatedly addressed in professional journals. The eight areas are: (a) labor force demographics; (b) career roles; (c) education and salary; (d) career aspirations; (e) occupational sextyping; (f) stages of career development; (g) career counseling; and (h) career satisfaction. Findings on six of these categories are reported, because "education and salary" was combined with "labor force demographics" and "career counseling" is addressed later in the article. Journal articles were considered current if they were from 1980 to present, even though some earlier articles may be reported if considered particularly significant.

Gender Differences in Career Development

The similarities and differences in the career development of women and men are many. The six salient issues discussed below are a beginning in understanding how females and males reach their career goals. These issues are mainly discussed from the female's perspective because the recent research on gender differences focuses on women. Middle class, white men have been the norm, and their career progression has been the impetus for many models of career development. Therefore, recent research focuses on women and how their career development is different from men.

Demographics

Women make up approximately 41% of the workplace, leaving men as the small majority (Borman & Guido-DiBrito, 1986), and the number of women working will increase. As more women work, statistics on which group of women are working change. The greatest

increase in workforce participation by women is evidenced in the 25-34 year old age group, increasing by 50% since the 70's (Guerriero, 1981; Miller, 1985). Overall, American women's participation in the workforce has doubled since the 40's and 50's (Machung, 1989; Miller, 1985; Scott & McClellan, 1990; Voydanoff & Donnelly, 1989).

As more women work, the image of the traditional family (i.e., father working, mother homemaking) changes. The number of U.S. households representing the traditional family is quite small, as low as 7% (Machung, 1989; Voydanoff & Donnelly, 1989). The traditional household is being replaced with categories like: dual-earner couples, female-headed households, singles living alone, and couples living alternative lifestyles. Miller (1985) reported that 45% of the mothers with children under six are working and 60% of those with children between the ages of 6 and 17. These women, if married, contribute to as much as 50% of the family income. Many times, the married woman working does so for economic and survival reasons, thus keeping the family from falling into the poverty level (Guerriero, 1989).

However, increasing the number of women working may not immediately change gender differences in the work place. For example, the following information illustrates how slow the change process can be.

1. Men usually have the "good jobs." Good jobs pay better, have better benefits, and provide more power. Men are the majority in professional and skilled jobs, while women and blacks of both sexes hold service jobs (Borman & Guido-DiBrito, 1986).

2. Approximately 43 million women work, and 57% of these women work in four fields: social work, nursing, teaching, and office work (Borman & Guido-DiBrito; Chusmir, 1990; Guerriero, 1981). However, women are entering occupations involving the physical and social sciences, engineering, dentistry, medicine, business, and law, traditionally male-dominated occupations, more (Hutt, 1983; Tangri & Jenkins, 1986).

3. Women are in the workforce more and in less female traditional occupations, yet inequity between men and

women still exists in the workplace. Women make less than men on an average, regardless of educational level (Borman & Guido-DiBrito, 1986; Knight, Sedlacek, & Bachhuber, 1983).

4. Unemployment is an aspect of career development not normally discussed, yet its importance to gender differences is significant. Guerriero (1981) reported that women experience the greatest rate of unemployment. Adult black women, however, experience the highest rate of adult unemployment. The differences in unemployment are affected more by race than sex, even though women of both races (i.e., white and black) are unemployed more often than their male counterparts.

With information like the above, it is easy to understand why Kahn (1988) concluded that "our sexist society unjustly values the male role over that of the female" (p. 242).

Occupational Sextyping

Occupational sextyping is the tendency for people to consider one occupation more suitable to a certain sex (e.g., women are nurses), or to hold rigid ideas about the appropriate work roles for men and those for women. For example, Hutt (1983) claimed that "work for men is [thought of as] serious, involves making a living, and enhances self-esteem, while for women, work is seen as a hobby, an emotional outlet, a luxury, and is therefore appropriately subordinate to child-rearing, family needs, and husbands' desires" (p. 240). Any form of occupational stereotyping will affect the career development potential of both men and women.

Traditionally, certain occupations were accepted as men's occupations and other accepted as women's occupations. In 1981, Janice Guerriero reported that even though the reasons for women working (e.g., economic reasons) are the same as men's, the jobs available to women are not considered the "best jobs," nor are women earning as much as men in "comparable jobs" (p. 131). Female-dominated occupations include teaching, social work, nursing, and clerical positions (Borman & Guido-DiBrito, 1986; Chusmir, 1990). Men, on the other hand, dominate fields like engineering, science, medicine (e.g., doctor), business and the skilled occupations (Hutt,

1983; Wilson, Weikel, & Rose, 1982). In summary, women seem to be in the lower paying jobs and in jobs suited for "nurturing or supportive" work roles.

Recently, Prediger and Sawyer (1986) reported that there are "substantial increases in the number of females aspiring to occupations in traditionally male-oriented fields" (p. 47). Similarly, more men are working in traditionally female-dominated occupations. A worker is in a nontraditional occupation when he/she is working in an occupation traditionally dominated by the opposite sex. Researchers report that women are entering a greater variety of occupations, and that younger women aspire to occupations other than those traditionally dominated by women (Hutt, 1983; Prediger & Sawyer, 1986; Voydanoff & Donnelly, 1989). If this movement continues, America may witness a concrete push to "equalize job opportunities for men and women" (Wilson, Weikel, & Rose, 1982, p. 109).

Equalizing job opportunities, however, is only the first step in combating occupational sextyping. Voydanoff and Donnelly (1989) found that female college graduates who were "role innovators" (i.e., aspiring to nontraditional occupations) remained role innovators as they matured. However, female role innovators may experience difficulty in their career progression because (a) "our society does not support women in their effort to excel in business-related occupations" (Wilson et al., 1982, p. 110); (b) career advancement may be "hampered by sex discrimination in employment" (Wilson et al., p. 110); and (c) women may "buy into" the concept that they are not appropriate for nontraditional occupations (Moracco, Wilson, & Floyd, 1981).

Role-innovator men, on the other hand, may also experience discrimination in the workplace and difficulty in their career progression. A male role innovator's identity may be questioned. Hutt (1983) wrote: "Being a secretary is a low level role for a man in addition to detracting from his masculinity; a female mathematician may be seen as unfeminine, but she gets credit for high achievement" (p. 241). Men in nontraditional occupations report general satisfaction, and they may "likely possess many of the same traits and characteristics attributed to women" (Chusmir, 1990, p. 14). This fact in itself can be problematic. In a recent study, the senior author (Burlew, 1990) found that qualities that were acceptable in entry-level female managers were not acceptable in entry-level male managers. Obviously, moving "bodies" into nontraditional occupations is only the first step toward

changing society's views on something as complex as occupational sextyping.

Role Diversity

The choice of acceptable roles for women in our society is changing. Women do not have to aspire to marriage, family, and the "Leave-it-to-Beaver" life to feel competent and acceptable. In fact, approximately one-half of all married women now combine traditional family responsibilities with employment obligations (Bianchini & Spain, 1986). Clearly, women have reason to experience role confusion; accepting the role of only mother or worker, yet not both, carries negative connotations. A double bind exists then for women. If they are "only homemakers," they may be viewed as "not good enough," perhaps leaving them feeling "inferior or that something is wrong with them" when comparing themselves to working women. However, if they combine homemaking with an occupation outside the home, they deal with the stress of dual roles. Either way, stress is inevitable.

In our society, women are becoming more career-minded, yet Sekaran (1989) found that their orientation toward nurturing, relational responsibilities, especially at home, still persists. Moreover, Machung (1989) claimed that women need to replicate their mother's lives, maintaining the traditional role of "mom," especially when the children are young. However, Tait, Padgett, and Galdwin (1989) reported that a woman's identity may no longer be defined exclusively by home and family, but also by a job. The traditional role of women is changing in response to the many societal changes taking place.

Many factors affect a woman's decision concerning an appropriate role(s). Gerstein, Lichtman, and Barokas (1988) report a shift to the work role in response to the women's movement. They posited that this movement dramatically influenced the roles and expectations that women have for themselves with regard to work outside the home and the pursuit of careers. Tangri and Jenkins (1986) believe that inflation, divorce, greater opportunities, boredom with housewifery, political consciousness, not marrying or having children, and changes in what women want out of life are all important factors in the role changes experienced by women (p. 649). Scott and McClellan (1991) suggest that these changes are due to the increase in the number of single parent households, the feminist movement, civil rights legislation, and inflation (p. 229).

Hutt (1983) commented that "a common assumption regarding women and work is that they are naturally more suited for work roles involving nurturance (e.g., teaching, nursing, social work) than for roles involving manipulation of objects" (p. 240). Furthermore, although Tangri and Jenkins (1986) reported that the idea that women are naturally nurturing is universally accepted, the number of women feeling that marriage and career, or children and career are in conflict is increasing. The socially ingrained role of "mother" is proving to be a hindrance for those women who wish to avoid having children and opting for a career.

Men, of course, have experienced a more consistent and less diverse career pattern (Voydanoff & Donnelly, 1989). Today's male workers attempt to replicate the careers of their fathers whose duty it was to support the family. The issues mentioned above (i.e., divorce, single parenting, and ambitious career-minded women) necessitate changes in the way men now perceive the workplace.

Historically, men were alone in aspiring to attend college and post-graduate work (Machung, 1989). This is no longer the case. Furthermore, male career choices appear to be independent of any value or responsibility for the parent and home roles (Tittle, 1981). Thus, men may make choices based solely on their worker role, rather than on their family and home roles. This distancing of the family role, however, is beginning to change for men. Miller (1985) notes a slow, albeit noticeable trend of male involvement in childrearing and household roles.

Career Aspirations

Women are beginning to aspire to the "better" jobs and for longer work periods outside the home. For example, the percentage of bachelor's and first professional degrees going to women in the physical sciences rose from 14% in 1970 to 25%; in the life sciences from 23% to 40%; and in the social sciences from 37% to 52% (National Center for Educational Statistics, 1981).

These statistics indicate that more women are entering nontraditional occupations. This change indicates major growth from when Donald Super (1957) wrote "that vocational development teaches girls to develop abilities according to the status quo and in doing so restricts the development of interests and abilities that lead to

nontraditional occupations" (p. 249). If this trend continues, the following could be the results for young women: (a) either women will embrace the challenge and continue to strive for the "better" jobs, or (b) as Hutt (1983) hypothesized, they will tire and lower their aspirations rather than confront the intense role strain of combining marriage, family, and a seemingly unfairly demanding professional career.

Career Satisfaction

Women were found to be substantially more satisfied with the work they did and their jobs in general than men (Scott & McClellan, 1991). An extensive body of research documents that women experience career satisfaction equal to, if not more than, men (Cleary & Mechanic, 1983; Voydanoff & Donnelly, 1989). Mahler (1989) suggests that women, in particular single mothers, experience a sense of independence and self esteem through work, and it is a way of having social contacts even though the job may be low in pay (p. 179).

Career Development

The study of human development is not complete without an understanding of work, a major contributor to a person's identity. Development is defined as those basic changes in the life of an organism through which it reaches or approaches the potential of the species (Havighurst, cited in Kastenbaum, 1979). Both women and men are involved in developing their career potential, but researchers question whether they achieve their career goals through the same developmental process.

Career decisions greatly affect career development, and the socialization of women and men in our society affects the choices they see for themselves. Men are conditioned to believe that they are the "providers," while women believe they are the "caretakers" (Miller, 1985). Thus, young men make choices about jobs based on "money," and young women make choices based on "self-fulfillment and independence" (Machung, 1989), while considering multiple roles (DiBenedetto & Tittle, 1990). If men are driven by money, then work is probably a primary life focus with everything else taking a second place. Machung (1989) reported that men expect "continuous employment," and women expect "intermittent employment" (p. 42-43). Additionally, she reported the following statement from one female

subject: "'It would be strange,' said one, echoing the sentiment of many, 'if I was at work and he was at home' " (p. 43).

Socialization for gender role identification impacts career decision-making in many ways. For example, women may feel restricted in their career choices, may feel forced to have a lower degree of career orientation, or may feel pressure to balance the worker, parent, and spouse roles. Men, on the other hand, may feel compelled to work the highest paying job regardless of occupational congruence, may feel forced to have a higher degree of career orientation, or may deny mounting pressures of work, parent, and spouse roles (DiBenedetto & Tittle, 1990; Miller, 1985; Wolleat, 1989).

The career patterns of men and women are a product of their career choices/options. As mentioned earlier in this article, women tend to be in the "helping," lower paying professions, while men tend to be in "competitive," higher paying professions. Donald Super's (1957) early work on career patterns indicated that men and women do experience different patterns. Men's patterns relate to continuous work or failing to work. For example, a man can either work continuously (stable or conventional) or have breaks in employment (unstable or multiple-trial).

The career pattern of women includes a combination of work and the homemaking role. Women either (a) work outside of the home continuously (stable working), (b) work intermittently (double-track, interrupted, unstable, multiple-trial), or (c) never work or work very little outside of the home (stable homemaking, conventional). Super's findings are supported by more recent theorists, who believe that a man's career choices are independent of family roles, and a woman's career choices are made in the context of family roles (DiBenedetto & Tittle, 1990). Additionally, Lassalle and Spokane (1987) concluded that the young female's "attachment to the labor force is bimodal: either strong or almost nonexistent. Most females seem to make a clear decision to become invested in the labor force or to remain out of it" (p. 64).

Jane Goodman and Elinor Waters (1985) developed a model that clearly depicts the "differences" in career paths between men and women. They call their model the "Dromedary/Camel Phenomenon." They refer to the differences between men and women as the "out-of-sync" career commitment curve (OOSCC), because of the emphasis that

the sexes want to put on achievement and nurturing at different stages in their lives. Women and men in their twenties start with similar investments in their occupations; thus their curves are overlapping. Many women change focus as the child rearing years occur and become successful homemakers, sometimes balancing this with a job outside the home. They become less committed to the occupation and more committed to their homemaking role. They achieve in homemaking, while men continue with their achievement in an occupation. After they have successfully mastered the occupation of homemaker and the children are older (thus a peak in their curve), women enter or re-enter the job market, thus starting that exploration process again (a dip in their curve). As women begin to career invest, men begin to look outside of the work place for satisfaction. Goodman and Waters state: "Women may become more effective as men become more affective" (p. 93). Women approach a second peak (occupational achievement), as their spouse moves downward toward more "recreational time and a slower life pace" (Goodman & Waters, p. 93).

Conclusion

The most, if not only, conclusion of this article is that career counselors must understand the differences and similarities in the career development of women and men. This understanding should focus on what Kahn (1988) referred to as the "external, social forces" which impact the personal "internal, psychological factors." Traditional therapy places emphasis on personal responsibility and individual pathology without taking into account the role that society had in shaping the lives of women and men. Without taking the external social forces into consideration, women [and men] can feel a "sense of failure" during the therapeutic process (Kahn, 1988).

Therefore, the authors recommend the following for career counselors/therapists to consider when working with female and male clients or the community at large.

1. From a developmental perspective, career counselors must understand that our development depends on two factors: (a) the real self or that part of us that makes decisions based on what is right for self, and (b) the "societal" self or that part of us that makes decisions based on what we think pleases others. Counselors must help clients realize that

some occupational decisions were made based on stereotypical, societally conditioned factors that the "societal" self "bought into." The information upon which early decisions were made may have been inappropriate, thus causing a "failure." This knowledge may help clients feel like less of a personal failure and more open to explore their "real" selves in relation to occupational decisions.

2. Career counselors must counsel and conduct career therapy, rather than advise, test, and "guide" (as in career guidance). As long as career counseling is relegated to a guidance function, the personal factors/failure concept persists, because clients never have a chance to understand their personal issues in relationship to society's influence.

3. During the therapy process, explore all aspects of the client's career concern. This exploration may involve examining early home life to determine the conditioning process, feelings related to responsibilities (e.g., must take care of mother), discrimination issues, etc. Such issues are many times overlooked while "helping a client make an appropriate occupational choice or find a job."

4. New models for understanding gender differences must be developed and used. These models might begin with the commonalities in the career development process between women and men. Then, the models should branch off into the impact of developmental differences. External factors must be included to demonstrate how the conditioning process affects career development.

5. New techniques related to the findings in this article should be used and developed. Females mentoring females may be recommended and used in industry, for example. Demonstrating alternative life roles for women and men can be modelled during career awareness programs. Helping young women and men via guided imagery work through issues related to nontraditional career choices, roles, and conditioned images may be helpful.

6. Awareness workshops must be conducted for the general community and include gender difference/similarity issues in

the educational process. The workshops need to demonstrate how stereotyping and conditioning have restricted, and still restrict, career decisions for both women and men.

7. Organizations must change. If changing sex roles are changing career patterns, then organizations and the government must change. Females or males, for example, desiring to combine an occupation with homemaking should not be "punished" (e.g., seen as not promotable) for this decision. The required changes are too numerous to mention in this article, but counselors should help organizations understand the changes in career development theory and develop viable policy responses to the changes. Responding to these changes will allow women and men to develop to their fullest potential both on and off the job.

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THE EFFECT OF THE 12-STEP PROGRAM ON THE LOCUS OF CONTROL, SELF-ESTEEM, AND COPING STYLES OF FEMALE COMPULSIVE EATERS

Cynthia Boone-Hawkins
Isadore Newman

The prevalence of eating disorders has been the topic of much research. Eating disorders are reported frequently in women (Hart & Ollendick, 1985; Johnson & Berndt, 1983; Mitchell, Hatsukami, Eckert, & Pyle, 1985). College women seem to be at risk for anorexia and bulimia (Dunn & Ondercin, 1981; Katzman, Wolchik, & Braver, 1984; Ondercin, 1979). The occurrence of bulimia has been as high as 12% in some populations (Johnson & Berndt, 1983). However, others report the occurrence to be about 4% in samples of college-aged women (Hart & Ollendick, 1985; Katzman, Wolchik, & Braver, 1984). Studies of different populations have reported that the incidence of anorexia in women between 12 and 18 ranges from 1 woman in 800 to as many as 1 woman in 100 (American Psychological Association, 1987). Women seem to be at risk for both of these eating disorders.

Research suggests that certain psychological characteristics are found in persons with these eating disorders. Dunn and Ondercin (1981) noted a higher external locus of control in samples with eating disorders. Katzman, Wolchik, & Braver (1984) observed low self-esteem in eating disordered women. Others (Nudelman, Rosen, & Leitenburg, 1988; Striegel-Moore, Silverstein, & Rodin, 1986) observed that self-esteem is more closely linked to body image in women. Since body image tends to be poor in women with eating disorders, self-esteem would also be expected to be low. Impaired life adjustment (Johnson & Berndt, 1983), problem avoidance (Keck & Fiebert, 1986), and marked lack of set coping skills (Weisburg, Norman, & Herzog, 1987) are evident in persons with eating disorders. Ondercin (1979)

Cynthia Boone-Hawkins is a Master's candidate, University of Akron, Akron, Ohio.

Isadore Newman, Ph.D., is the Coordinator of Educational Research, University of Akron, Akron, Ohio.

suggested that eating may be used to cope with unpleasant affect in compulsive eaters.

The purpose of the present study was to examine the potential effectiveness of the 12 step program for compulsive eaters. Little research exists on this program (Malenbaum, Herzog, Eisenthal, & Wyshak, 1988). As a result, practitioners working with eating disordered patients are at a disadvantage with regard to informing clients of the potential benefit for being involved in a 12-step program or in treating clients who are already involved in this program. The relationship of previously researched variables (i.e., locus of control, self-esteem, and coping styles) to compulsive or binge eating was examined. The effectiveness of the 12 step program in reducing compulsive eating was examined. The researchers hypothesized that the program subjects would have greater self-esteem, more internal locus of control, and more effective coping styles, or at least maintain these variables, between the first and second follow-up test during a one year period.

Methodology

Sample

The first follow-up test included 28 women and 2 men involved in Overeaters Anonymous, a 12 step support group for compulsive eaters, similar in format to Alcoholics Anonymous. Subjects volunteered to participate in a study of eating disordered persons in a support group.

A second sample was recruited from the same 12 step program, one year following the initial testing. Thirty-three women volunteered to participate. Thirteen of these women had participated in the initial testing period. Subjects were aware that the second testing was a follow-up on the initial testing.

Procedures

The first group of subjects completed a survey consisting of demographic information, the Rotter Internal-External Locus of Control Scale (Rotter, 1966), the Rosenberg Self-Esteem Scale (Rosenberg,

1979), and the Alpha Omega Scale of Coping (Klein, LaCamera, Newman, & Weis, 1974).

The second group of subjects was asked to complete a demographic survey, The Rotter Internal-External Locus of Control, the Rosenberg Self-Esteem Scale, and the Alpha Omega Scale of Coping. In addition, they completed the Eating Disorder Inventory (Garner & Olmstad, 1984), and the Beck Depression Inventory (Beck, 1967).

In both testings, subjects were provided with return envelopes to return all materials. In the first testing, fifty surveys were distributed and thirty were returned, a 60% return rate. In the second testing, forty surveys were distributed and thirty-three were returned, an 83% return rate. Kerlinger (1973) stated that return rates of 50% or less are very common. He (cited in Newman, 1976) further recommends that valid interpretations not be made with less than an 80-90% return of surveys (p. 10). Only the findings from female subjects were included because women were the focus of this study.

Results

Means, standard deviations, and frequencies for both first and second follow-up groups are presented in Table 1. The mean age in the initial testing period was 41 years old, with a range between 22-64. The age range in the second testing was between 19-64, with a mean age of 39.9 years. Subjects in the initial testing indicated that they had had an eating disorder for a mean of 27.2 years. The second testing shows subjects' mean age of onset at 12.3 years. The majority of subjects self-diagnosed themselves as compulsive overeaters in both test periods.

The subjects indicated at the initial testing that the 12 step program had been useful in reducing their compulsive overeating. This is indicated by the length of time in the 12 step program (mean number of years = 2.74), the number of meetings attended weekly ($\bar{X}$ = 3, Std. dev. = 1.4), weight loss ($\bar{X}$ = 34.4 pounds), Std. dev. = 35.10), and the number of compulsive eating episodes per year ($\bar{X}$ = 101.6, Std. dev. = 199.04).

The mean number of compulsive eating episodes per month at the time of the first follow-up was 8.5. This number of compulsive eating episodes meets the DSM-III-R criteria for the number of binge

episodes required to diagnose bulimia. Subjects in this study qualify for the DSM-III-R (American Psychological Association, 1980) diagnostic category of eating disorder not otherwise specified. Examples listed for this diagnostic classification include:

1. Person of average weight who does not have binge eating episodes, but frequently engages in self-induced vomiting for fear of gaining weight

2. All of the features of anorexia nervosa in a female, except absence of menses

3. All of the features of bulimia nervosa, except the frequency of binge eating episodes

Appendices A and B present frequencies and percentages of specific demographic information relative to this diagnosis.

No data were collected on purge behavior as the 12 step program focuses on normal eating and not weight control. The subjects had already experienced some reduction of binge or compulsive overeating at the first follow-up due to their presence in the program. It was expected that this reduction would be significantly lower or at least maintained in the second follow-up period.

Instrumentation

Rotter Internal External Locus of Control Scale

The Rotter I-E Scale (Rotter, 1966) is a 29-item, forced choice, survey. This self-report scale measures the degree to which individuals attribute events to sources internal to or external from themselves. The scale is designed such that increasing scores reflect a more external locus of control. Internal consistency ranges from .65 to .79, including test-retest data for a one-month period (Rotter, 1966). Means and standard deviations for bulimic samples and compulsive eaters are 11.74 (4.05) (Fisher-McCanne, 1985), and 13.0 (4.4) (Dunn & Ondercin, 1981), respectively. Scores range from a high score of 23 and a low score of zero.

Table 1

Means, standard deviations, and frequencies of selected demographics	
Pre-test (N=28)	Post-test (N=33)
Age 41.0 (10.0)	Age 39.9 (10.0)
Duration of eating disorder 27.2 yrs. (15)	Age of onset 12.3 (9.0)
Diagnosis (Self assessed)	
Anorexic 0	Anorexic 7.1% (N=2)
Bulimic 25.9% (N=7)	Bulimic 32.1% (N=9)
Compulsive overeaters 63% (N=17)	Compulsive overeaters 35.7% (N=10)
Other 11.1% (N=3)	Other 25% (N=7)
Mean (standard deviation)	

The Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (Rosenberg, 1979) is a 10 item self-report measure which assesses an individual's positive and negative attitudes towards him or herself. The scale provides a measure of global self-esteem, using a four-point Lickert scale. Higher scores reflect a more positive attitude towards the self. The mean and standard deviation for one sample of female bulimics are 23.5 and 5.2, respectively (Nudelman, et. al., 1988). Scores range from a high of 40 to a low of zero. A score of 26 or above indicates high self esteem, while a low score total of 22 and below indicates low self esteem (Robinson & Shaver, 1973).

The Alpha-Omega Scale

The Alpha-Omega Scale is a 50-item self-respect measure developed to examine adaptational or coping responses a person may use in a life-threatening situation (Newman, Smith, Griffith, Maloney, Dambrot, Sterns, Daubney, & Stratton, 1983). Five subscales are included which are analogous to Kubler-Ross's five stages of the grieving process. The five subscales are most effectively conceptualized as fluid coping profiles, as opposed to fixed stages. Cronbach's alpha range from .63-.73 in a non-student and student sample on the denial subscale; from .80-.83 for the anger subscale; from .43 to .58 on the bargaining scale; from .83-.86 on the depression subscale; and from .69-.77 on the acceptance subscale. Research supports that the Alpha Omega Scale can differentiate between groups based on their coping styles in stress situations (Newman, et. al., 1983).

The Beck Depression Inventory (BDI)

The Beck Depression Inventory (Beck, 1967) is a 21-item self-report inventory designed to detect feelings and behaviors indicative of clinical depression. Subjects respond to items by identifying the degree that certain thoughts, feelings, and behaviors reflect their present life experience. Split-half reliability of .86 and correlations of .65 between BDI scores and clinical judgments of the depth of depression are reported (Beck, 1967). The higher the score, the more depressed one is, with a score of 13 or above indicating clinical depression. Means and standard deviation for samples of bulimic subjects, 19.9 (7.8) (Nudelman, et. al., 1988); 19.73 (12.02) (Katzman, Wolchik, &

Braver, 1984); samples of nonbulimics, 4.52 (3.64) (Post & Crowthers, 1985); and for binge eaters, 9.09 (5.10), Katzman, Wolchik, & Braver 1984) have been reported.

The Eating Disorders Inventory (EDI)

The EDI was developed in 1983 by Garner, Olmstead, and Polivy. The test was designed to assess a number of psychological and behavioral traits common to the eating disorders, anorexia nervosa and bulimia. The EDI is a 64-item, self-report measure which contains eight subscales. The average internal consistency of the subscales is .63 (Garner & Olmstead, 1983). Criterion validity is reported.

Statistical Analyses

The statistical analyses included two parts. The first analysis is descriptive and includes information about the samples from the first and second testing. Summaries of the means, standard deviations, frequencies, and correlations for both pre-test and post-test scores on the I-E scale, self-esteem scale, and the Alpha Omega subscales are presented in Table 2. Means and standard deviations for the Beck and the EDI subscales from the second testing are presented in Tables 2 and 3. Correlations between the instruments and compulsive eating or binge frequency are presented for the first and second testing in Tables 4-6.

The second analysis is inferential and uses the F test to test the statistical significance for the stated hypotheses. (See Appendix C.) The F test was chosen because it is a robust test of significance. The underlying assumptions of random selection of subjects and normal distribution of variables can be violated without sacrificing their accuracy (Newman & Newman, 1977). The F test has the ability to determine significant differences between two or more groups or variables at the same time. The F test is appropriate for this study because it can test for significance between two or more groups.

Multiple linear regression was used to analyze the data and test the hypotheses. Multiple linear regression (the general case of the least squared solution) was chosen because of its flexibility in testing relationships between groups of categorical variables, between groups of categorical and continuous variables, and between groups of continuous variables (Newman, 1976). The hypotheses tested in this

Table 2

Means, (standard deviations), and frequencies for Rotter I-E Scale, Rosenberg Self-Esteem Scale, Alpha Omega Scale, and the BDI			
First follow-up		Second follow-up	
I-E 7.5(4.4) N=27		9.3(4.2) N=33	
Self-esteem 28(4.5) N=28		27.12(4.8) N=33	
Alpha Omega Subscales			
First follow-up, N=28	Second follow-up, N=33	Student/Non-student sample, N=122*	
Anger 2.9(2.6)	3.8(2.6)	2.85(2.77)	
Depression 2.2(1.6)	3.3(2.2)	2.73(2.49)	
Bargaining 4.8(2.3)	5.6(2.2)	4.77(2.17)	
Acceptance 4.1(3.3)	4.9(3.2)	4.54(3.40)	
Denial 3.3(2.9)	3.2(2.6)	3.04(2.43)	
Beck Depression Inventory			
First follow-up, N=33	Bulimic, N=15@	Normal, N=15@	Obese, N=15@
12.56(8.33)	15.40(7.76)	4.93(2.96)	5.40(5.74)

*(Newman, et. al., 1983) @(Williamson, et. al., 1985)

Table 3

Means, (standard deviations), and frequencies for the EDI subscales in Post-test, AN restricters, and AN bulimics**		
AN restricters (N=53)	AN bulimics (N=102)	Second follow-up compulsive overeaters (N=33)
DT 11.7(7.0)	14.9(5.5)	11.1(5.0)
BUL 2.8(3.5)	10.9(5.6)	5.09(5.5)
BD 13.4(7.3	16.7(8.0)	19.3(9.0)
IN 9.9(8.2)	13.3(8.6)	7.0(7.23)
PER 7.7(5.1)	9.1(5.4)	7.25(4.6)
ID 6.2(4.8)	6.6(5.0)	4.13(3.33)
IA 9.9(6.5)	12.2(7.2)	7.5(5.8)
MF 5.7(5.5)	5.6(5.9)	2.0(2.16)

**(Garner & Olmstead, 1983)

study combined categorical and continuous variables, making MLR the analysis of choice.

Independence of observations between the first follow-up and second follow-up periods was accounted for by including person vectors in the hypotheses tested. McNeil, et. al. (1975) suggest that " . . . one of the assumptions of statistical analysis . . . is violated when person vectors are not included" (p. 322).

Results

Multiple linear regression analysis of the data indicates a significant increase towards a more internal locus of control at the second follow-up test period. There was no significant decrease between self-esteem scores at first and second follow-up test periods, indicating maintenance levels of this variable. Tables 2 and 7 show that, as predicted, denial did not increase significantly ($p = .19$), which supports maintenance of the absence of denial symptomatology (first follow-up mean denial score = 3.3; second follow-up denial score = 3.2). The results also show an increase on means of anger scores (first follow-up mean anger score = 2.9; second follow-up mean anger score = 3.8) but, as predicted, this increase was not significant. The first and second follow-up mean scores on the bargaining scale show an increase (from 4.8 to 5.6, respectively) but this is nonsignificant. Mean scores for the first and second follow-up test periods also indicate an increase on the depression scale (2.2 to 3.3), but this difference is nonsignificant, as expected. No significant decrease was found between first and second follow-up periods on the acceptance scale.

As can be discerned from the overall direction of these seven hypotheses, the behaviors on a whole were not significantly different between the first and second follow-up period, except for locus of control, which became significantly more internally located. These results support at least maintenance of behavior from first to second follow-up test periods.

In addition, compulsive eating behavior shows a maintenance or decreased occurrence based on first and second follow-up test period data. Quantitative data from the first test period indicated that subjects ate compulsively, on the average, 8.5 times per month. Qualitative information generated from the second follow-up period indicated that

members decreased or maintained levels of compulsive or binge eating subsequent to membership in the 12 step program. The number of subjects from the second follow-up who indicated that they binged or compulsively overate less than the mean number of binges for the first follow-up was twenty-five, or 75%.

The subjects in the second follow-up period who were administered the EDI showed a mean of 19.31 on the body dissatisfaction scale. Body dissatisfaction appears to be above both norms for anorexic and female college students, sixty-third and eighty-sixth percentile, respectively (Garner & Olmstead, 1983), in this sample. Given that the literature suggests that poor body image is more likely to be associated with low feelings of self worth in women (e.g., Katzman, Wolchik, & Braver, 1984; Nudelman et. al., 1988, Post & Crowthers, 1985), it is interesting to note that no significant correlations between body dissatisfaction and self esteem or depression were found in this sample.

Discussion

The results of this study suggest that the 12 step program may be effective in reducing the occurrence of compulsive overeating, maintaining self-esteem, contributing to a more internal locus of control, and reduce the extent that depression is associated with body dissatisfaction.

It appears that compulsive overeaters vary on the psychological variables examined. Some consistency exists in the relationship between variables, such that compulsive overeaters who tend to be more depressed show the following: more external locus of control, lower self-concept, more anger, and greater denial. The 12 step program may have a positive effect in improving members' body image, since higher scores on the BDI and scores on the Rosenberg Self-Esteem Scale do not seem to be associated with body image dissatisfaction. This finding is consistent with the 12 step program's emphasis on compulsive eating as a disease and not as a personality defect. The program also de-emphasizes weight and physical appearance, while advocating self-acceptance.

Logically, self-esteem and locus of control might change before one would observe behavioral change. This idea is reflected in the present study. Self-esteem was maintained at a high level and locus of

Table 4

First Follow-Up
Pearson Correlation Coefficients/Prob > |R| under Ho: Rho = 0 / Number of Observations

	Rotter	Rosen	Anger	Denial	Barga	Depres	Accep
Tbing	-0.35439 0.0757 26	-0.04528 0.8225 27	0.22599 0.2774 25	-0.00292 0.9887 26	0.13985 0.4866 27	0.10720 0.5946 27	-0.02614 0.9013 25
Rotter		0.00404 0.9844 26	-0.15546 0.4581 25	0.34734 0.0889 25	-0.06836 0.7400 26	-0.02141 0.9173 26	-0.07447 0.7235 25
Rosen			-0.05695 0.7868 25	-0.12319 0.5488 26	0.28873 0.1441 27	-0.33872 0.839 27	0.18752 0.3694 25
Anger				0.53826 0.5488 26	0.28873 0.1441 27	-0.33872 0.0839 27	0.18752 0.3694 25
Denial					-0.05395 0.7935 26	0.23650 0.2447 26	-0.60097 0.0015 25
Barga						-0.45477 0.0172 27	0.33742 0.0990 25
Depres							-0.05086 0.8092 25
Accep							

control became significantly more internal, while compulsive eating tended to decrease. Despite the decrease in compulsive eating, it as not significantly related to the maintained self-esteem and the more internal locus of control. One would expect to see more significant relationships between these variables over time. Further longitudinal research may lend to confirmation of this assumption.

Overeaters in this 12 step program identified a decrease in compulsive eating over a one-year period. Even at the initial follow-up period, when mean length of involvement in this program was 2.74 years, members had a mean monthly binge frequency of 8.5 compulsive eating episodes. By the second follow-up, members had reduced this frequency. Use of program-related activities, such as making phone calls to other members and talking with a sponsor, were associated with a lower binge frequency (significant at $p < .05$, $p < .01$, respectively).

Based upon personal report, maintenance in the program, and the bulimia scale on the EDI, decrease in compulsive eating occurred in those who are members of the 12 step program. This information supports that the program decreased compulsive eating over a mean participation in the group of three years. The bulimia scale supports that, on the average, subjects in the second testing are below the norm on behaviors associated with bulimia. Further, individual interviews with subjects indicated a decrease in the frequency of their compulsive overeating since their involvement in the program. This suggests that the subjects experienced fewer binge eating episodes and fewer attempts at weight control. This statement could be stronger if there was a pre-test prior to entry into the 12 step program, but these data were not available. Because of this, conservative estimates were used based on norms from eating disordered populations. It is accepted that persons who have an eating disorder are above the norms on compulsive or binge eating behavior.

At the minimum, these data suggest that there is potential effectiveness in using the 12 step program for compulsive eaters. The results of this study suggest that this program warrants further investigation from practitioners, especially those working with eating-disordered populations.

Table 5

Second Follow-Up
Correlation Analysis
Pearson Correlation Coefficients/Prob > |R| under Ho: Rho = 0 / Number of Observations

	Locus	Self	Beck	Denial	Accep	Depres	Barga	Anger
Binge	0.08516 0.6431 32	0.30919 0.0851 32	-0.18503 0.3190 31	-0.39433 0.1020 32	0.13265 0.4847 30	0.02756 0.8820 32	0.27912 0.1218 32	-0.10670 0.5611 32
Locus		-0.59553 *0.0003 *33	0.48962 *0.0045 32	0.31338 0.0758 33	-0.16049 0.3884 31	0.19840 0.2684 33	0.15233 0.4052 32	0.07404 0.6822 33
Self			-0.78882 0.0001 32	*-0.40472 *0.0195 33	0.34733 0.0556 31	-0.30266 0.0869 33	0.04230 0.8182 32	-0.25079 0.1592 33
Beck				0.52647 *0.0020 32	0.36863 *0.0450 30	0.37104 *0.0366 32	-0.05430 0.7717 31	0.32319 0.0712 32
Denial					-0.46671 *0.0081 31	0.36033 *0.0394 33	0.18217 0.3183 32	0.23307 0.1918 33
Accep						0.08659 0.6433 31	0.02461 0.8973 30	0.18581 0.3169 31
Depres							0.19817 0.2769 32	0.41870 *0.0153 *33
Barga								0.29568 0.1004 32
Anger								

* Significant at alpha = .05

Table 6

Combined Data
Correlation Analysis
Pearson Correlation Coefficients/Prob > |R| under Ho: Rho = 0 / Number of Observations

	Locus	Self	Beck	Denial	Accep	Depres	Barga	Anger
Binge	-0.04155 0.7654 54	0.13521 0.3250 55	-0.18503 0.3190 31	-0.14155 0.3073 54	-0.06377 0.6566 51	0.00983 0.9432 55	0.16888 0.2177 55	-0.07693 0.5840 53
Locus		0.24560 *0.0543 62	0.48962 *0.0045 32	0.25768 *0.0450 61	-0.25768 *0.0450 61	0.13231 0.3053 62	0.05957 0.6683 61	0.05851 0.6542 61
Self			0.78882 *0.0001 32	0.27903 *0.0281 62	*0.25621 0.0501 59	*0.26871 0.0332 63	0.08859 0.4935 62	-0.11678 0.3701 61
Beck				0.52647 *0.0020 32	-0.36863 *0.0450 30	0.37104 *0.0366 32	-0.05430 0.7717 31	0.32319 0.0712 32
Denial					-0.49017 *0.0001 62	0.27830 *0.0285 62	0.08560 0.5119 61	0.33712 *0.0079 61
Accep						-0.01416 0.9152 59	0.19115 0.1506 58	0.03784 0.7760 59
Depres				162			0.00697 0.9571 62	0.36615* 0.0037 61
Barga								0.19856 0.1283 60
Anger								

* Significant at alpha = .05

Table 7

Summary table of models tested, R-squared values, F-ratios, and significance levels for testing differences between pre- and post-test on selected criteria

Hypothesis Number	R-squared Full	R-squared Restricted	df	F	p	sig.
1	.4635	.4291	1/42	2.70	.05	S
2	.3738	.3460	1/43	1.91	.08	NS
3	.3730	.3617	1/42	.761	.19	NS
4	.2580	.2386	1/41	1.07	.15	NS
5	.3379	.3344	1/42	.219	.32	NS
6	.2161	.1874	1/43	1.58	.10	NS
7	.5076	.5022	1/39	.424	.25	NS

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APPENDIX A
First Follow-Up

Demographics Sheet

AGE X = 41.0 Range 22-64 SEX N=25 F N=2 M

Have you even been through treatment for food addiction? 66.7% Yes 33.3% No
How frequently do you attend 12 step meetings for your addiction to food?
___ Time(s) Daily; X 2.8 Time(s) Weekly; ____ Time(s) Monthly; _____ Doesn't Apply

How often do you binge? ___ Times Daily; ___ Times Weekly; ___ Times Monthly; ___ Times Yearly

My food plan is 10% specifically designed for me, from a treatment center;
18.5% given to me by someone who went through treatment; 48.1%

Other (Please specify) _____

My food plan is 63% sugar-free; 29.6% white flour-free; 33.3% caffeine free; 44.4% weighed and measured; 40.6% all of the above.

If I were to classify myself, I would say I am 63% a compulsive overeater; ___ anorexic; 25.9% bulimic; 11.1%; Other (please specify) _____

I have had an eating disorder for X 27.15 (14.95) (how long?)

I have been involved in Overeater's Anonymous for X = 2.74 year(s); (4.1) __ month(s); __ day(s)

I make phone calls or talk to someone 55.6% before; 7.4% during; 40.7% after;
33.3% not at all I binge

I work through the suggested 12 steps of recovery with a sponsor 66.7% yes 33.3% no.
I have maintained a X = 34.4 (35.10) weight loss/gain, since my involvement with O.A.

APPENDIX B
Second Follow-Up

Present age X = 39.88 (10.2) Current height 5'4"

Does your current weight reflect the weight that is printed on your driver's license?
Yes 25.9% No 74.1%

Do you consider yourself overweight? Yes 84.8% No 15.2%

Does the amount you eat sometimes concern you? Yes 90.9 % No 9.1%

Do you sometimes eat even though you are not hungry? Yes 90.6% No 9.4%

Do you have great 16.1%, little 45.2%, or no 38.7% success when you diet to lose weight?

Are you currently involved in any weight control programs?
Yes 48.4% No 51.6% If yes, please describe _____

Are you a member of a 12-step program relating to eating, overeating, binging or purging, or excessive dieting? Yes 100% No ___

Do you ever eat large quantities of foods, especially carbohydrates and sugars, in a very short period of time? Yes 78.1% No 21.9%

If yes, please described how often you do this _____

Do you feel embarrassed about eating in front of others? Yes 57.6% No 42.4%

Have you ever felt ridiculed or shamed about eating? Yes 90.9% No 9.1%

Do you eat when you feel sad? Yes 81.3% No 18.8%

Do you eat when you feel angry? Yes 81.3% No 18.8%

What other feelings might you eat over? _____

Have you ever been diagnosed by a counselor, psychologist, or other medical professional as having one of the following:

Anorexia nervosa 7.1%; Bulimia 32.1%; Compulsive overeater 35.7%; Obese 0%; Other 25%

What other ways has eating cause you problems? _____

APPENDIX C

The following hypotheses were tested:

1. Locus of control scores will be significantly more internal in the post test when individual differences are controlled.

2. There will be no significant decrease between first and second follow-up test periods in predicting self-esteem, when individual differences are controlled.

3. There will be no significant increase between first and second follow-up test periods in predicting denial on the Alpha-Omega Scale independent of individual differences.

4. There will be no significant increase between first and second follow-up test periods in predicting anger on the Alpha-Omega Scale individual differences.

5. There will be a significant difference between first and second follow-up test periods in predicting depression on the Alpha-Omega Scale independent of individual differences.

6. There will be no significant decrease between first and second follow-up test periods in predicting bargaining on the Alpha-Omega Scale independent of individual differences.

7. There will be no significant decrease between first and second follow-up test periods in predicting acceptance on the Alpha-Omega Scale independent of individual differences.

PLANNING FOR A PREFERRED FUTURE: USING THE AADA PRERETIREMENT CHECKLIST

James A. Boytim, Michael J. Eber, Sona Adlakha, Julie T. Diaz, Stacie A. Smith, Susan L. Strauss, and Cara E. Williams

It is no secret to students of American demographics or gerontology that people are living longer and retiring earlier (Dychtwald & Flower, 1989). The median age of the United States population has increased by ten years since 1900, with more people over 65 in this country than the entire population of Canada (Vierck, 1990). Recent information from the U.S. Department of Labor reveals that the median retirement age in the United States is now 61. With two-thirds of all Americans leaving the work force prior to age 65, the retirement period for many will exceed twenty years (Chairman of the Subcommittee on Retirement and Employment of the Select Committee on Aging, House of Representatives, 1990). Unfortunately, this same report observes that many individuals "take very little time preparing for this major stage in their lives" (p. 2).

The need for planning for a preferred future in retirement is a common theme among writers on the subject. Davis (1986) observed:

> Of all the transitions that Americans face -- from moving through the different levels of schooling, to marrying, having children, and changing jobs -- old age is the one for which there is typically little, if any, formal or informal preparation. This lack of preparation is unfortunate because a potentially rewarding period of life becomes more trying than need be. (p. 133)

Dychtwald and Flower (1989) share a similar concern:

James A. Boytim, Ed.D., is an Assistant Professor of Psychology, Dickinson College, Carlisle, PA.

Michael Eber, Sona Adlakha, Julie Diaz, Stacie Smith, Susan Strauss, and Cara Williams are psychology majors at Dickinson College.

> . . . I wondered why in the world we don't start thinking about the whole life process wnen we're younger, when there's still so much time to shape a healthy, productive future. I was convinced that if during youth and middle age we could instill in our lives a sense of how to create a meaningful, rich, and active old age, we would have a higher likelihood of actually achieving it. (p. xviii)

Given the need for planning, Jane E. Myers, the 1990-91 President of the American Association for Counseling and Development and the Charter President of the Association for Adult Development and Aging, selected as her theme for the AACD Reno Convention, "Wellness Throughout the Lifespan." A chapter of her (Myers, 1990) book, Empowerment for Later Life is devoted to a discussion of empowerment through developmental approaches. With such current interest in prevention activities in the counseling profession, the authors wondered what middle aged individuals were doing in anticipation of retirement. By having a sample group complete a checklist developed for this purpose, the authors hoped to provide a comparative model of responses for use by individuals in the same cohort currently making their own retirement plans.

Method

Upon securing the permission of the current president of the Association for Adult Development and Aging (AADA), Dr. Richard Johnson, the writers used the AADA Preretirement Checklist, developed by the association's retirement committee (Chason, Brown, Hays, & King, 1988), to conduct a survey of individuals who are currently employed, are in their forties or fifties, and plan to retire within the next ten years.

This checklist contains thirteen items concerning financial and legal affairs, ten items under health, ten under social relationships, ten for considering the use of time, ten for decisions regarding where to live, and five on personal growth and development. In addition to these six sections, the authors added a demographic information sheet. The components included gender, age, number of years of full time employment (twenty hours a week or more), marital status, educational background, number of years the individual would like to work before retiring, occupational group, and family caregiving/support obligations.

The authors distributed the preretirement planning checklist during December 1990, and January 1991 in Arkansas, California, Colorado, Connecticut, Maryland, New Jersey, New York, Pennsylvania, and Wisconsin. Additional checklists arrived from Georgia, Illinois, Minnesota, Nebraska, and Tennessee. Each volunteer received a letter describing the authors' study and directions for participating in the project. In order to maintain confidentiality, volunteers were asked to withhold names and addresses in mailing the response to the senior investigator's office in the addressed, stamped envelope provided. A second copy of the checklist was provided as a courtesy for each individual's use. The directions said, in part:

> Listed below are specific questions having to do with major areas of concern for preretirees. Place a check beside those things you have done in anticipation of the time you will retire. The items not checked will suggest areas to which you should probably give some attention.

The demographic information collected from each participant permitted a descriptive analysis of the group's characteristics while assuring individuals complete confidentiality. Persons, who upon reviewing the checklist and deciding that they did not want to participate, were asked to "simply toss it away."

For this manuscript, the authors prepared a demographic profile. In addition, a summary of the responses to each item of the checklist was prepared.

Results

Of the 350 checklists distributed, 206 (58.9%) were returned by the established deadline. Eliminated from consideration were forms that indicated a person was under 40 or over 60 or was not planning to retire within the next ten years and those that were forwarded without the demographic sheet. As a result, 37 returns were eliminated, leaving 169 of the potential response of 350 (48.3%) for review.

The sample group, as defined by the usable 169 checklists, has been summarized in Table 1 and 2, and Appendix A.

Table 1

Gender, Age, Marital Status, Educational Background, and Caregiving/Support Obligations
(n = 169, unless otherwise specified)

Gender	Age as of Last Birthday	Marital Status
79 Female	**15** 40-44 yrs.	**25** Single (never married; divorced; widow or widower)
90 Male	**29** 45-49 yrs.	**141** Married (living with spouse; separated but not legally divorced)
	29 45-49 yrs.	[3 missing]
	52 50-54 yrs.	
	72 55-59 yrs.	
	[1 missing]	

Educational Background:			
1	Less than a high school education	**21**	bachelor's degree (or equivalent four-year program of studies)
23	high school or general equivalency diploma	**34**	some graduate or professional education
18	some college or specialized post-high school training/education	**68**	one or more graduate/professional degrees (master's, doctorate, law, medicine, dentistry, etc.)
4	associate degree (or equivalent two-year program of studies)		
Family caregiving/support you have now (either partial or full):			
135	Myself	**62**	School or college age children, grandchildren, or adult dependents
122	Spouse or significant other adult friend	**4**	Other
49	Sibling, parent, parent-in-law, or other member of the extended family	[7 missing; responses greater than 169]	

Table 2

Number of Years of Full-time Employment, Number of years Employment Prior to Retiring, and Occupational Group (n = 169, unless otherwise specified)		
Number of years of full-time employment (1000 hours/year or more; 20 hours/week or more; estimate to nearest year):		
8 0-5 years	**15** 16-20 years	**37** 31-35 years
10 6-10 years	**23** 21-25 years	**18** 36-40 years
9 11-15 years	**33** 26-30 years	**3** 41-45 years [13 missing]
Number of years you would like to work before retiring:		
19 less than 2 years	**46** 2 to 5 years	**94** 5 to 10 years [10 missing]
Occupational group with which you most identify:		
3 Agriculture	**8** Crafts or Trades	**21** Industry/Manufacturing
6 Banking/Financial Services	**55** Education and Related Occupations	**4** Information Systems
20 Business/Retail Wholesale/Sales Marketing/ Distribution/ Consultant		**1** Media/Journalism
	6 Government/Military Services	**6** Research and Development
		4 Transportation Services
	39 Health Professions or Human Support Services	**18** Other
		[responses greater than 169]

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Table 1 reflects gender, age, marital status, educational background, and caregiving/support obligations. In general, the group was made up of a greater number of males than females and included more people in their fifties than their forties. In addition, most were married, highly educated, and had obligations for the care and support of self and at least one other family member.

At the same time, Table 2 suggests that most respondents have been employed full-time for a minimum of 16 years, with a majority of them planning to work for another 5 to 10 years before retiring. A variety of occupational groups are represented in the sample with education, health professions and human services, industry and manufacturing, and business and related areas being reported with the greatest frequency.

Appendix A is a modified copy of the checklist in which items were reordered to show the decreasing frequency of task completion within each section of the checklist.

Discussion

The results of the survey indicated in Appendix A must be considered in light of the demographic descriptions provided in Tables 1 and 2. Individuals who wish to compare their own progress in planning for retirement may find the patterns reflected in Appendix A to be useful to the degree with which these persons can identify with the characteristics found in the sample group.

While the authors believe the numeric results are useful for the readers' consideration, it is important to note that many of the participants also added personal comments not included in the tables or the appendix. While space will not allow a full listing of these, several indicated that participants' exposure to the checklist was instructive and informative. Such comments as "excellent list now," "an interesting checklist - it certainly has made me think," and "thank you for the extra copy; it will be useful" were typical responses. One individual commented, "This form gave me new ideas to think about. Getting older can be a joy if a lot of these matters are handled."

The second set of comments focused on one's readiness to consider full-time retirement. Perhaps at one extreme are those individuals who are not yet ready to consider retirement options. For example, one

person commented, "Questions are premature for persons my age (55) . . . Visiting Social Security is the last thing I would do." This individual also mentioned that not everyone is preoccupied with retirement decisions and that the challenges and excitement in one's daily work continue to be important. In contrast, others are very serious about the steps necessary for planning for a preferred future. One person noted, "It makes me feel secure that we (wife and I) have done so many things on your checklist." Still others mention that, as long as health and employment opportunities exist, they intend to work at least part-time. One individual observed, "I don't think I will ever retire completely unless absolutely forced to do so."

Two other themes were present in the comments submitted. The first was a series of suggestions offered for consideration if the checklist is to be revised. The second involved statements that define the financial obligations and family commitments that make it difficult for some to retire when they wish.

In sum, no matter where a person is found on the preretirement planning continuum, the authors believe this instrument can identify areas where lifestyle value judgments need to be made, areas where information deficits exist, and areas that require additional personal attention to reduce the list of potential problems that can occur in retirement.

Not only is the preretirement checklist useful to the individual, but also to any reader who spends a portion of professional activity as a consultant, counselor, workshop leader, or similar facilitator for middle aged persons who are enjoying life now, but, at the same time, wish to plan more effectively for their retirement years. By using the checklist with groups of individuals, along with prevention and developmental activities and opportunities for information dissemination, group discussion, and strategic planning, a professional helper can enable more individuals to increase their coping skills and competence, find new sources of support, and increase self-esteem.

With the number of individuals retiring earlier and living longer, prevention of unnecessary problems is essential. Individuals interested in learning about other resources that address the topic of preretirement planning may wish to review several references (Birren, 1985; Davis, 1986; Ekerdt, 1989; Hudock, 1989; National Center for Women and Retirement Research, undated). Through the use of this checklist and

the involvement of greater numbers in preretirement planning activities, individuals can begin looking at their lives and plan how to make the most of them upon retirement. For those who have postponed this planning, Myers (1990) suggests that it is not too late to begin:

> The good news is that it is never too late to change, and that positive, healthy lifestyle choices can enhance the quality of life, across the lifespan beginning whenever they are implemented. It is up to us to make those choices, first of all for ourselves, and second of all to allow us each to serve as role models and mentors for others to encourage them to develop a healthy lifestyle.

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Appendix A

Association for Adult Development and Aging

Retirement Committee

PERSONAL CHECKLIST FOR PRERETIREMENT PLANNING

Number of Persons and Percentage of Responses
for Each Section of the Checklist.
(n = 169 except as noted; responses reformatted
by decreasing frequency for each section)

Partial directions: Listed below are specific questions having to do with major areas of the concern for preretirees. Place a check beside those things you have done in anticipation of the time you will retire. The items not checked will suggest areas to which you should probably give some attention.

A. FINANCIAL AND LEGAL AFFAIRS

N	% OF 169	
147	87.0	I've found out how much it costs me to live now.
131	77.5	I have made a will and I have executed a durable power of attorney.
119	70.4	I'm paying up my big bills now so that they will be out of the way by the time I retire.
110	65.1	I have a good idea of how much it will cost me to live after I retire.
110	65.1	I've determined which of my living expenses are likely to be less after I retire, and which are likely to be more.
108	63.9	I know about the "living will" and how to execute one.
106	62.7	I've reviewed my insurance policies, including health and long-term care insurance, to see whether they meet my present and future needs.
99	58.6	I have given some thought to funeral arrangements.
91	53.8	I know what my income from my pension, interest on savings, etc., will be after I retire.
91	53.8	I've found out what I need to do to have some health insurance after I retire.
73	43.2	I have prepared a record of the location of all of my important papers.

44	26.0	I've talked with the Social Security people to find out what I should do before I retire in order to get my Social Security, and to learn what Medicare does and does not cover.
20	11.8	I've tried living on the amount of money I'll get after I retire to see how things will work out.

B. HEALTH

N	% OF 169	
146	86.4	I have my blood pressure checked periodically.
136	80.4	I check with my doctor if I have unusual pain or other symptoms.
135	79.9	I'm watching what I eat in order to keep my weight down.
135	79.9	I've found out what kinds of foods I should eat every day to keep healthy.
124	73.4	I take my physical limitations into account and try to live with them.
123	72.8	I see to it that I get enough rest every day.
112	66.3	I get a general physical examination at least once a year whether or not I feel sick.
102	60.4	I get some exercise every day, such as a brisk walk or working in my garden.
77	45.6	I've checked over my home and corrected things that might make me fall or have some other kind of accident.

C SOCIAL RELATIONSHIPS

N	% OF 169	
154	91.1	I take an interest in people who are younger than I am.
140	81.8	I've made some new friends during the past year.
137	81.1	I invite people to come to my home or attend social events with me, and I accept invitations from others.
124	73.4	I'm making the effort to spend time with people other than my professional colleagues - at my church or synagogue, at a club, or at the homes of my friends.

21	12.4	I've visited a club or activity center for retired people to see what the club and the people are like.

If you are married, respond to these statements:

(Percentages of 169 participants; 141 reported being married; 25 indicated single status; 3 did not indicate marital status)

138	81.7	I am keeping in touch with my children or relatives by visiting or writing letters.
138	81.7	My spouse and I have made some friends in common, and individually.
134	79.3	We make it possible for our children or relatives to get together for special occasions.
132	78.1	I let my children or relatives run their own affairs.
93	55.0	My spouse and I have made our retirement plans together.

If you are not married, respond to these questions:

(Percentage of 169 participants; 141 reported being married; 25 indicated single status; 3 did not indicate marital status)

33	19.5	I let my relatives or close friends run their own affairs.
32	18.9	I am keeping in touch with my relatives or close friends by visiting or writing letters.
26	15.4	I make it possible for my relatives or close friends to get together for special occasions.
22	13.0	I've made a few friends who are close enough to me to take the place of a family of my own.
19	11.2	I've discussed my plans for retirement with my relatives or a close friend.

D. USE OF TIME

N	% OF 169	
151	89.3	I'm keeping up with events so that I will not come to be regarded as a "has-been."
140	82.8	I've thought about some specific activities I can do after I retire which will make me feel useful even though I will not be working.

109	64.5	I've talked with some retired people to see how they spend their time.
107	63.3	My spouse (or close friends) and I have talked about things we can enjoy doing together in retirement.
96	56.8	I'm doing some reading or taking part in an educational program to learn something new.
80	47.3	I've thought about how I can modify or adapt my present hobbies to suit retired status.
76	45.0	I've investigated possible volunteer activities I might enjoy doing after I retire.
66	39.1	I've investigated the possibility of part-time paid employment after I retire.
62	36.7	I'm developing a new hobby which I will enjoy doing after I retire.
60	35.5	I've made some plans for what I will do immediately after I retire.

E. WHERE TO LIVE

If you are planning to stay where you are, answer these statements:

(Percentages not given: several participants checked items in both categories)

N	
85	My spouse and I are in agreement on the decision to stay where we are.
79	I've thought about what our neighborhood will be like 10 to 15 years from now.
67	I've thought about what I (we) will do when I (we) am no longer able to keep my (our) place.
63	I've completed certain changes or repairs on my place so that I won't have the expense after I retire.
55	I've considered other possibilities such as moving into a smaller place or dividing our place into two units and renting one of them.

If you are planning to move after you retire, answer these statements:

(Percentages not given: several participants checked items in both categories)

28	I've tested the climate at the new place during more than one season of the year and know that I will like it.

25 I've made certain that there will be plenty to do that I like at the new place.

24 I've looked into the cost of living at the new place and decided that I can afford to live there.

20 I've found out that the new place offers medical care when and if it is required.

15 I've made some friends at the new place.

F. PERSONAL GROWTH

N	% OF 169	
152	89.0	I know what kind of activities bring me the greatest pleasure and reward.
140	82.8	I have a clear idea of what my main strengths are.
62	36.7	I've made some plans to upgrade my knowledge or skill in a field of interest after I retire.
55	32.5	I've set some short-term goals (6 months to 1 year) to work toward after I retire.
40	23.7	I've set some middle-term goals (1 to 5 years) to work toward after I retire.

CULTURAL STEREOTYPES, DOUBLE STANDARDS, AND RATER AGE EFFECTS IN PERCEPTIONS OF MIDDLE-AGED ATTRACTIVENESS

Richard D. Mathis
Zoe Tanner

The literature on the problems of the middle-aged and the elderly abounds with evidence that cultural stereotypes influence the treatment individuals receive in Western societies. Stereotypes of attractiveness, beauty, and sexuality particularly afflict older persons because physical appearance is the most obvious and accessible personal characteristic in social interaction (Dion, Berscheid, & Walster, 1972). It seems evident from the literature that such stereotypes are also related to double standards which negatively affect older women in particular. Whether or not these stereotypes diminish enough over the lifespan to eliminate the double standard on attractiveness at least *within* the middle-aged and elderly groups is a question worth considering.

Ageism: Cultural stereotypes of age and attractiveness

A clear and persistent message has been received by the public, typically through the media, that being young is better than being old (Gerbner, Gross, Signonelli, & Morgan, 1980). Through numerous statistics, research has shown cultural stereotypes of age do affect perceptions of attractiveness.

For example, evidence suggests that age stereotyping begins early in life and continues long into later life. Isaacs and Bearison (1986) found that by the time children begin elementary school they already begin to exhibit negative stereotypes about the elderly. Mitchell and

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Richard D. Mathis, Ed.D., is an Assistant Professor in the Department of Psychology and Counselor Education at Nicholls State University, Thibodaux, Louisiana.

Zoe Tanner, M.A., is a graduate student in the Department of Psychology and Counselor Education at Nicholls State University, Thibodaux, Louisiana.

Mathews (1987) also found children negatively stereotyped older persons. In a study of college students, Levin (1988) found that participants, comparing photographs, judged the same man when he was older to be deficient on a number of desirable attributes, including attractiveness. Wernick and Manaster (1984) compared the ratings by young versus elderly adults of drawings of attractive and unattractive human faces to assess age differences in perceptions. Their participants strongly equated age with unattractiveness.

Parallel to the research on attractiveness stereotypes, a sizeable body of literature supports the existence of cultural stereotypes against age on attributes other than attractiveness (Berezin, 1972; Brubaker & Powers, 1976; Butler, 1969; Cohen, 1981; McTavish, 1971; Palmore, 1969), although some have suggested their effects are exaggerated (Kogan, 1979; Schonfield, 1982), or that they are becoming less negative (Tibbitts, 1979).

Sexism: The double standard of attractiveness

Numerous authors have referred to the double standard of aging and its negative impact on women (Bell, 1975; Cook, 1990; Giesen, 1989; Lichtendorf, 1988; Lowenthal, Thurnher, & Chiriboga, 1975; Nowak, 1977). According to this particular double standard, men become more attractive as they grow older, but women become less attractive (Bell, 1976; Giesen, 1989). This attitude appears to begin early in life. Isaacs and Bearison (1986) found that even elementary school participants had already developed stronger prejudices against older women than older men. Margolin and White (1987) found married men applied this double standard in their sexual relationships with their wives. Women, as well as men, apparently subscribe to the double standard. For example, Nowak (1977) found that middle-aged women, more than other age participants, equated youthfulness with attractiveness when judging women, but not men.

Participant Age Effects

Although the literature suggests that age of the rater is associated with differences in perceptions of attractiveness, it is not unanimous regarding its effect. For example, Cross and Cross (1971) found no age effect between young versus adult participants who rated stimulus photographs. Conversely, Adams and Huston (1975) showed that the elderly stereotyped middle-aged photographs more favorably than did

young adults. Giesen (1989) found that almost all middle-aged women believed they had become more feminine as they grew older. Finally, Wernick and Manaster (1984) demonstrated that the cultural stereotyping of attractiveness was somewhat less severe in the elderly group, and that their perceptions tended to be less extreme. Thus, the literature suggests older persons may be less likely than the young to negatively stereotype attractiveness based on age.

Goals of the present study

Overall, the evidence in the literature indicates that both a stereotype and a double standard based on attractiveness exist, and that they are learned beginning with the earliest stages of life. To test this, the present authors examined whether older persons in general would be perceived as less attractive and whether older men would be perceived as more attractive than older women. However, the literature is not as clear whether the stereotype and the double standard based on attractiveness change over the life span, and if so, how they change. To test this, the present authors examined whether participants from five different age groups across the life span differed in their perceptions of attractiveness of older adults.

Methodology

Participants

The participants for this study were recruited during a 12-month period. They consisted of 81 males and 183 females (n = 264) from five age groups. The groups consisted of adolescents (age under 18, n = 34), young adults (age 18-30, n = 100), adults (age 31-45, n = 67), mid-life adults (46-54, n = 40), and older adults (age 55 and over, n = 23).

Two tenth grade high school biology classes provided the participants for the adolescent group. The young adults participants were from three southern universities and were enrolled in either sociology or psychology classes. The adult and mid-life participants were university staff and students from the same three campuses. The older-adult participants were members of a suburban chapter of the American Association of Retired Persons in a southern metropolitan

Figure 1

Figure 1 - Pictorial Stimuli Arrayed as Presented to the Participants

area. The sample was predominantly white (95%) and middle class (96%).

Instrumentation

For this study, the authors designed a ten-item paper and pencil self-report which consisted of drawings of five male and five female faces judged to be of equivalent attractiveness across five age categories ranging from child to middle-aged adult. These drawings are presented in Figure 1 in the same arrangement as they were presented to our participants.

The form instructed participants to rank the females and males separately in order of attractiveness. This produced two subscales, one for each sex. The stimuli were obtained from books which contained stock copyright-free drawings of faces for use by commercial artists who subscribe to services which provide them and who refer to this type of drawing as "clip art" (Artmaster, 1985). These drawings were chosen because they were not extreme, were uniform in artistic quality, and had a generic appearance where distinctive features were absent. An attempt was made to match the age and level of attractiveness for each gender pair for each age level, as well as the attractiveness of the stimuli within each scale. To do this, the authors consulted individually with other colleagues on the faculty of a university counselor education department, asking them to choose from thirty drawings those opposite sex faces which were comparable across the five intervals of the subscales both in age and in attractiveness. The drawings chosen most frequently were used in the instrument.

A pictorial format was employed because studies of age stereotyping have often been criticized for techniques which make the intent of the study obvious to the participants (Braithwaite, Gibson, & Holman, 1986; Green, 1981; Levin, 1988). This has been a particular problem for written surveys and is a major reason for the popularity of pictorial stimuli. Typically, pictorial stimuli, including slides (Nowak, 1977), photographs (Levin, 1988) and drawings (Mitchell & Mathews, 1987; Wernick & Manaster, 1984) have been preferred by researchers of attractiveness and aging.

However, even pictorial surveys are not immune from methodological shortcomings such as group stereotyping. To minimize this, the two older stimulus persons were introduced as individuals in

.0a context which included persons from other age levels, a design which has been recommended by Green (1981). This also served to conceal the intent of the study, as did the name "Magnet," which was chosen to further disguise the purpose of the survey form.

Procedure

Parametric statistical tests of association were employed to test all hypotheses. An assumption was made that the drawings of the two middle-aged stimulus persons were equally attractive relative to the other stimulus persons in their respective subscales, an assumption able to be made with reasonable confidence based on the method of selection.

Results

As Table 1 shows, the adolescent group gave both the older female and the older male the least favorable rankings of all the age groups. Conversely, the oldest group of participants rated the middle-aged stimuli higher than the rest. All of the age groups except the middle-aged rated the older male stimulus at least one rank position higher than his female counterpart. All five age groups perceived the man to be above average in attractiveness, but only the two older groups rated the female stimulus face above average.

To assess whether participants applied a double standard in rating the attractiveness of older men and women, sample t-tests were computed, comparing the means of the ranks given to the middle-age stimuli for both sexes and the combined group, as shown in Table 2. Both sexes and the combined group rated the middle-aged woman as significantly less attractive than the middle-aged man ($t_{combined}[262] = 12.61$, $p \leq .001$; $t_{male}[79] = 5.45$; $p \leq .001$; $t_{female}[182] = 11.69$, $p \leq .001$).

To control for the gender of the stimulus, male and female participants were compared by their ratings of the attractiveness of the male and female stimuli separately. Male and female participants agreed in their ratings, as Table 3 shows. Independent t-tests for the means of the ranks showed no significant differences between male and female participants on either the female stimuli ($t_{female\ stimulus}[160] = -.96$, $p = .338$) or the male stimulus ($t_{male}[136] = .45$, $p = .655$).

Table 1

Group Mean Ranks on Attractiveness by Participant Age Group for Opposite Sex Middle-aged Stimuli

		Mean attractiveness ranking			
		Female stimulus		Male stimulus	
Age Group	n	M	SD	M	SD
Under 18	34	4.18	1.03	2.85	1.13
19-30	100	3.97	1.01	2.56	1.26
31-45	67	3.63	1.15	2.64	1.33
46-54	39	2.51	1.18	2.00	1.30
55+	23	2.26	1.05	1.22	.52
Total	263	3.54	1.26	2.42	1.29

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Table 2

Paired Sample t-tests for Mean Ranks on Attractiveness of Opposite Sex Middle-aged Stimuli for Total Sample and by Gender of Participants

Group	Mean attractiveness ranks					
	n	M	SD	t	df	p
Total sample	263					
Female stimulus		3.54	1.26			
Male stimulus		2.42	1.29			
				12.61	262	.000
Male participants	80					
Female stimulus		3.44	1.22			
Male stimulus		2.48	1.41			
				5.45	79	.000
Female participants	182					
Female stimulus		3.59	1.27			
Male stimulus		2.39	1.24	11.69	182	.000

Table 3

Independent Sample t-tests for Mean Ranks on Attractiveness of Opposite Sex Middle-aged Stimuli by Gender of Rater

	Mean attractiveness ranks					
Rater Group	n	M	SD	t	df	p
		Female stimulus				
Men	81	3.43	1.21			
Women	183	3.59	1.27	-.96	160	.338ns
		Male stimulus				
Men	80*	2.48	1.41			
Women	183	2.39	1.24	.45	136	.655ns

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An analysis of variance was conducted to determine whether the age groups differed in their attractiveness ratings for each middle-age stimulus person. These results are shown in Table 4. In both cases, significant differences were found ($F_{female\ stimulus}[4,259] = 23.93$, $p \leq .001$; $F_{male\ stimulus}[4,258] = 8.65$, $p \leq .001$). To find the source of these differences between groups, the Duncan post-hoc procedure was conducted. This showed the significance was attributable to differences between mean rankings of the two older groups versus the younger age groups when rating the female drawing. There was also a significant difference between the adult rankings and the adolescent rankings for the female drawing. For the middle-aged male stimulus drawing, the significance was attributable to differences between the older and the middle-aged versus all the younger age groups respectively.

To test if the double standard was present across the life span, paired sample t-tests were computed at all five age levels separately. As shown in table 5, the female stimulus was rated significantly lower in attractiveness by every age group ($t_{<18}[33] = 5.17$, $p \leq .001$; $t_{19-10}[99] = 10.17$, $p \leq .001$; $t_{31-45}[66] = 5.04$, $p \leq .001$; $t_{46-54}[38] = 2.47$, $p \leq .05$; $t_{55+}[22] = 4.52$, $p \leq .001$).

Discussion

Results of this study show that the strength of negative attractiveness stereotyping against middle-aged stimulus faces depends on both the gender of the stimulus face and the age of the rater. Negative stereotyping against older females appears to be strongest in the youngest age level and decreases progressively through the older ages. However, contrary to the literature, there was no evidence of the existence of negative stereotypes against middle-aged men. This suggests researchers on age stereotypes should be careful not to generalize findings from one sex to the other.

The combination of a negative stereotype against middle-aged females with a neutral stereotype for middle-aged males is sufficient to confirm the presence of a double standard on attractiveness and aging, as predicted in the literature. Further, the data suggest the stereotyping and the double standard exists in adolescents and remains throughout the life span, even though negative stereotyping diminishes. This agrees generally with the findings of Adams and Huston (1975) and Wernick and Manaster (1984) and disagrees with Cross and Cross

Table 4

Analysis of Variance for Mean Ranks on Attractiveness of Opposite Sex by Subject Age Group

	Mean Attractiveness Ranks				
Age Group	n	M	SD	F(df)	p
		Female stimulus			
Under 18	34	4.18	1.03		
18-30	100	3.97	1.01		
31-45	67	3.63	1.15		
46-54	40	2.52	1.18		
55+	23	2.26	1.05		
				23.93(4,259)	.000
		Male stimulus			
Under 18	34	2.86	1.13		
18-30	00	2.56	1.26		
31-45	67	2.64	1.32		
46-54	39	2.00	1.30		
55+	23	1.22	.52		
				8.65(4,258)	.000

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Table 5

Paired Sample t-tests for Mean Ranks on Attractiveness of Opposite Sex Middle-aged Stimuli by Participant Age Group

	Mean rank of stimulus					
Age Group	n	Female	Male	t	df	p
Under 18	34	4.18	2.85	5.17	33	.000
19-30	100	3.97	2.56	10.17	99	.000
31-45	67	3.63	2.64	5.04	66	.000
46-54	39	2.52	2.00	2.47	38	.000
55+	23	2.26	1.22	4.52	22	.000

(1971) and Nowak (1977). In addition, contrary to Margolin and White (1987), and in accordance with Wernick and Manaster (1984), the results indicate neither the stereotype nor the double standard was affected by the gender of the rater.

Except for the finding that older men were not negatively stereotyped and women were, these results support the literature which predicts older persons in general would be negatively stereotyped. The finding that stereotypes based on aging diminish over the life span concurs with those of Adams and Houston (1975).

The fact that the sample population ranked the older man as above average in attractiveness and the older woman as below average agrees with the main body of the literature but disagrees with Wernick and Manaster (1984), whose participants rated female stimuli higher. This disagreement is likely the result of deficiencies in the instrumentation of both studies, and it underscores the challenge of developing surveys whose opposite sex stimuli are equal in attractiveness. However, in view of the large size of the differences between rankings given by the participants to the opposite sex older stimuli, assumption of equal attractiveness is considered to have been safe for the purpose of hypothesis testing.

Although our instrument included stimulus faces representing age groups across much of the life span, it should be modified to include an elderly stimulus person. In addition, a panel of qualified expert judges should be provided with a larger number of drawings for each gender and age type from which to choose the stimuli. With the instrument thus modified, the study should be replicated.

Moreover, although the sample included a wide range of participants by age, children should be included as participants in future research, to better test the findings in the literature that age stereotyping begins early in life. Finally, the major contribution of this study has been to confirm that, regardless of the age or gender of a reference group, in the matter of physical attractiveness, both ageism and sexism have converged to discriminate against the middle-aged female -- but not against the middle-aged male.

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WORKING WITH THE "NEW MALE": A GUIDE FOR FEMALE THERAPISTS

Bernadette Halbrook

The struggle to attain a balanced integration of our longings for dependency and our drive for autonomy is a lifelong developmental task for both males and females. Dependency is experienced by all persons, regardless of gender, and is a healthy adaptive expression of the human experience (Gilbert, 1987).

The dilemmas resulting from our attempts to cultivate and integrate our dependent and independent yearnings are evidenced in the contemporary men's and women's liberation movements. The men's movement has accentuated not only the need for men to recognize their own dependency issues, but has also given value to the expression of needs as a healthy component of male identity (Fleck, 1981). Perhaps even more importantly, men are learning to validate themselves and one another instead of relying exclusively on women for this (McLeod & Pemberton, 1984).

Gender stereotyping for men prescribe an identity characterized by self-sufficiency, emotional restraint, and self-contained strength (Werrbach & Gilbert, 1987). This formula for success assumes that when correctly followed, men should have no problems with psychosocial development or psychological adjustment. This rigid expectation, combined with the fact that women are more apt than men to avail themselves of counseling (Gilbert, 1987; Russo & Sobel, 1981), impedes counselors from understanding how most effectively to work with their male clients. This is perhaps particularly true for female therapists, who do not have personal experience as a man upon which to draw.

Bernadette Halbrook, Ph.D., L.P.C., is an Associate Professor, Educational Leadership and Foundations, at the University of New Orleans, New Orleans, Louisiana.

Pittman (1990) expands upon Betty Briedan's statement that men weren't really the enemy of the Women's Liberation Movement. Rather, they were fellow victims suffering from an outmoded masculine mystique that made them feel unnecessarily inadequate when there were no longer any bears to kill. Pittman (1982) writes that "masculinity has become a problem, not just for the men who spend their lives in mortal struggle with its demands, but also for those who most share the world with such men. The qualities that were useful in protecting saber-toothed tigers have few practical functions these days" (p.40).

Within the cloistered safety of their therapist's office, men describe the struggle of their masculinity. Their lives are frequently limited, lonely, and unsatisfying, but they fail to see alternative ways of conducting their lives. They act and react based upon what they believe society expects of them.

Commenting on the phenomenon of men without models, Chester (1982) notes the irony and sadness of basing our civilization on the principle of fraternity. Despite the legal ownership and assumed moral responsibility for children, many men never know their sons and daughters very well.

Poet Robert Bly has become a symbol of the men's movement in recent years. His enormously successful workshops challenge men to open up their psyches and re-examine what is meant by masculinity. Utilizing mythology, drumming, chanting, and ancient male initiation rites, Bly encourages men to reject the male=thinking, female=feeling equation. He contends that once we reject the hypothesis that men cannot access their feelings and women cannot logically problem-solve, both sexes will have gained a significant degree of freedom. "For a man, this idea that a man feels on his feminine side ties him in an unfruitful way to his mother. This means he is liable to be angry at all women when he can't get quite free from his mother. I think that when psychologists - male and female - write the second act, women and men will stop blaming each other as much as they do now" (Bly, 1990, p. 109).

Responding to critics of separate movements for men and women as opposed to a more generic people's movement, Bly contends that just as women realized in the 1970s that they could discuss things with one another that they were not comfortable exploring in the presence of men, the same holds true for males. His explanation for

this is the fact that both men and women heap shame on one another so readily. Contrary to the argument that men's work will further alienate males and females, Bly asserts that as men assist one another in alleviating their collective shame, they will respond to women with greater openness.

Wagenheim (1990) shares this premise. The men's movement is not an adjunct to the feminist movement. Neither is it a backlash. Rather, men can assist one another in becoming closer to women in all their capacities as partners, as fathers, as brothers, as sons, and, perhaps most importantly, as friends.

Allen (1990) comments on the era of the Pleasing Male, which he attributes to both the women's movement and absent or distant fathers. "Fathers, if they live at home, preoccupied with work, fatigue, or addictions, have little time for sons hungry for masculine attention. Little boys ignored or abused by their fathers, must turn back to the mother for safety, nurturing, and validation. She becomes too important to us as little boys" (p. 32).

Allen states that this over-reliance upon women for acceptance and validation has resulted in an apologetic stance regarding one's masculinity. Although this position is hotly contested by many feminists, these "masculinists" would propose that many contemporary men have become "hyper-pleasers." Workaholism is a common masculine outgrowth of pathological pleasing. Both behaviors aim to externally validate one's worthiness and goodness. The more one produces and pleases, the more readily the inner critic can be silenced.

Barnett, Baruch and Rivers (1983) determined that the feminist movement has exerted a positive influence on the mental health of women. This has led writers such as Slive (1986) to suppose that these same principles may contribute favorably to the mental health of men. While patriarchy may grant power and status, it does not necessarily bestow happiness. Slive posits that patriarchy may be as detrimental to the health of men as it has proven to be for women.

Fatherhood as a Corrective Emotional Experience

Erikson (1963) employed the term "generativity" to refer to the need arising in adulthood for securing and mentoring the next generation. He perceived this as an integral task on the psychosocial

timetable. However, given the emphasis that men are expected to place on preparation for and development of their careers, little effort and energy has been devoted to helping males transit one of their most important rites of passage - becoming a father. While parenting is a colossal undertaking for both sexes, for many men in our culture, parenting is especially formidable because of the paucity of viable role models afforded to them. In many cases, it involves learning to do what was not done for them. According to Pittman (1990), "having grown up without domestic models of men, he may see childraising as women's work, and he may distance himself from the mysterious job of fathering and the enlightening process of child raising . . ." (p. 51).

Despite the frequent chorus of protests about their lack of involvement, women, too, have subtly participated in the exclusion of men from the parenting process. Inhibited from fully developing career identities, some women cling tenaciously to the role of child-rearer. Believing that this is her arena in which to shine, she may feel threatened if he becomes too competent as a parent.

Given scarce attention in the parenting literature for decades, fatherhood has received increased consideration in recent years (Wiamind, 1986). Zayas (1987) states that, for males especially, early life experiences impact the ability to relate as an adequate father to one's own children. Because infants of both sexes experience a normal emotional symbiosis with the mother during early life, both male and female children identify initially with mother as nurturer. Successful resolution of this state for the male demands that he switch his identification to his father. Ross (1983) emphasizes the necessity of a competent male-mentor (usually the father) who is expressive and emotionally available to the young boy. Jacobson (1950) suggests that a man's "successful identification with his father and . . . mastery of his rivalry conflict with his siblings are the most important determinants of how prospective and new fathers will relate to their own children" (p. 145).

The issue of sibling rivalry appears frequently in the psychodynamic literature on fatherhood. These theorists believe that jealousy combined with fear of love for the infant create a perception of the child as a rival. In turn, this stimulates memories of conflict with one's own siblings (Towne & Aftermar, 1955). The emergence of such uncomfortable feelings, combined with society's disincentives for active participation in parenting may culminate in a decision to continue

playing out the passive, absent father role with which he is probably more familiar.

Diamond (1985) posits that "parenthood represents an opportunity to develop one's personality and human potentialities . . . procreation furthers self-expansion" (p. 455). Writing on the remoteness that exists between fathers and sons — even in houses in which the father is present daily — poet Robert Bly (1990) postulates that males not only are uncertain of their masculinity, but more basically are perplexed about what the definition of a man is.

Recommendations

One way female counselors can assist male clients struggling with issues surrounding masculinity is to recommend films which depict males and females exploring these themselves. Recent movies such as *Field of Dreams; Born on the Fourth of July; My Left Foot; Crimes and Misdemeanors; When Harry Met Sally; Sex, Lies, and Videotapes* all portray models of manhood other than Rambo or Rocky. All men need a variety of ways to express their masculinity so they can be free to do whatever life requires of them, and particularly to do whatever partnerships and families require. Just getting men to question their models is a significant step.

Can female therapists help men with these problems? Of course they can, just as male therapists can help female patients with gender-related issues. Female therapists also can help the wives and daughters of these men understand what is happening and how they can be of service. Therapists of whatever gender have to have enormous respect and sensitivity for the man's masculine striving, his fear of female anger and female control, and his need for men in his life. Some men are more comfortable with female therapists, expecting more acceptance and less competition and disdain for failures in masculinity. Other men are only comfortable with a man. The client can choose where to start, but eventually a complete human being must be able to get close to both men and women and perhaps even be the same person with both. Giving men time, space, and permission simply to question their current models can be a significant first step.

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PRACTICALLY SPEAKING

CONNECTED VS. SEPARATE KNOWING: DEVELOPMENT OF A WOMAN'S VOICE

Dawn B. Young
Susan U. McCormick
George McCormick

Much of the developmental research used by educators and counselors in assisting men and women through their life stages is focused on the male experience (Erikson, 1959; Havighurst, 1972; Kohlberg, 1984; Levinson, 1978; Perry, 1970). For the most part, these theories were based on the male experience and then extrapolated to women. This is particularly true when examining the research used to create models for ethical, moral, and cognitive development.

Although originally examined in research by Carol Gilligan (1982), the development of a woman's "ways of knowing" has been furthered by the research of Mary Belenky, et al (1986). This research suggests that women run the risk of losing ground in the process of developing a "voice." This article briefly examines the perspectives of women's development in terms of Belenky's theory, examines implications for educators and counselors, and offers specific recommendations for the development of "connected knowing."

Women and Development

The research of Belenky began in the late 1970's, and focused on the intellectual, ethical, and psychological development of women in education and clinical settings. Her research was in the form of lengthy

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Dawn B. Young, M.A., Ed.S., is Laboratory Director for North Louisiana Regional Forensic Laboratory in Bossier City, Louisiana.

Susan U. McCormick, R.N., M.A., L.P.C., is a nurse/counselor in the same facility.

George McCormick, II, M.D., Ph.D. is a Forensic Pathologist in the same facility.

interviews/case studies over several years with 135 women. The women were asked to express their life histories in terms of "her point of view." In addition, embedded within the interviews were questions that were used to code the subjects into the moral stages of Kohlberg (1984) and the epistemological positions of Perry (1970). These sections were independently coded by "blind" coders. Utilizing Perry's scheme, the researchers grouped the women's perspectives into five major epistemological categories: silence, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge. Belenky came to refer to these positions as the "women's voice," as she found that the women involved in the research repeatedly used the metaphor of voice to depict their intellectual and ethical development. The sense of voice, mind, and self, at least for these women, were intricately intertwined.

Silence

This is a position in which women experience themselves as mindless, voiceless, and subject to the whims of authority. The women who were interviewed and found to be within this position of silence represented an extreme denial of self. Their "ways of knowing" were limited to the present, the concrete, the specific, and to enacted behaviors. Actions of these women took the form of unquestioned submission to authority figures who expressed no interest in the needs of the women or acts of physical violence from those authorities. They had no confidence in their "meaning-making" or "meaning-sharing abilities."

Received knowledge

From this perspective women conceive of themselves as capable of receiving and reproducing knowledge from the all-knowing external authorities, but they are not capable of creating knowledge. These women hear the words of others as being good or bad, and that there is only one right answer to each question. Learning is equated with receiving, retaining, and returning the knowledge provided by the authorities. To these women, paradox is inconceivable, because contradictory ideas are not in accordance with the known "facts." These women devote themselves to the care and empowerment of others, and believe that their giving "self-lessly" provides them with a greater sense of their capacity for knowing and loving.

Subjective knowledge

In this position, women perceive truth and knowledge as a personal, private, and intuitive process. Women become their own authorities, but in an intuitive manner. The women of this perspective come from a variety of sources. Many of the women in this perspective grew up in less advantaged, more permissive, and rather chaotic homes. These women almost uniformly reported the failure of a male authority. Others grew up as cautious, obedient children in a world that emphasized conformity to the cultural norm. In either case, these women risk listening to and following their "inner voice" and trusting it as the authority. This is the first perspective in which women recognize a difference between thinking and feeling, and a belief that there is not an absolute truth.

Procedural knowledge

Women in this position are invested in learning and applying objective procedures for obtaining and communicating knowledge. Most of the women interviewed who were in this position arrived there by having their old way of knowing challenged. They realize that some truths are eternal, while others are specific to a moment. They are able to engage in conscious, deliberate, and systematic analysis of truths. Within this position, the subjects were divided into separate ways of knowing: connected and subjective. The categories of separate and connected knowing were first described by Gilligan (1982) and Lyons (1983).

Separate knowers tend to espouse a knowledge or morality based upon impersonal procedures for establishing justice, while connected knowers espouse a morality based on care and understanding. The women who tended to be more characterized by separate knowing were, in one sense, highly conventional women, conforming to the expectations of their families and teachers. On the other hand, they refuse to play the conventional feminine role, adapting to the impersonal reason of the traditional male role. Separate knowers speak their carefully chosen words in a public voice, seldom sharing their personal, private views.

Connected knowers hold that the most trustworthy knowledge comes from experience, and they have developed procedures for gaining access to the knowledge of others, predominantly through empathy.

They try to see the world through the lenses of other people. They are characterized by an attitude of trust; theirs is not to judge but to understand.

Constructed knowledge

In this perspective, women view all knowledge as contextual, experience themselves as creators of knowledge, and value both subjective and connected strategies of knowing. These women were intensely self-conscious; aware of their own thoughts, judgments, moods, and desires. They weaved together their own intuitive knowledge with information gained from authorities in an effort to construct their own meanings. Women constructivists show a high tolerance for internal contradiction and ambiguity, and they recognize the inevitability of conflict. Their emphasis is not on finding the truth, but in looking for truth. The key to their world was inclusion, rather than exclusion (Belenky, 1986). They will be retracing this path over and over, "wholeheartedly while tentative" (Perry, 1985).

There are similarities between the research of Perry (1970) and Belenky (1986). Perry proposed a developmental theory based upon the evolution of a student's thinking. His research was performed at Harvard University by conducting interviews with male students over several years. His theory describes the steps by which the students moved from simplistic thinking to more complex thinking. In his continuum of development, the students followed stages or categories, with positions in each stage. The stages and positions are:

1. Dualism (positions 1-2) or a concrete view of the world. Knowledge is absolute, and there are "right answers;"
2. Multiplicity (positions 3-4); these students view the world as having a multitude of responses;
3. Relativism (positions 5-6); students in these stages recognize that knowledge is contextual and relative; and
4. Commitment (positions 7-9), in which students have affirmed themselves and their responsibilities in a pluralistic world (Perry, 1970, 1985).

Table 1 depicts the similarities between the perspectives of Belenky and the stages of Perry.

Table 1

COMPARISON OF THE THEORIES OF PERRY AND BELENKY

Perry's stage	Belenky's perspective
	Silence
	unquestioned submission, subject to the whims of external authority, no voice (no equivalent in Perry)
Dualism	Received knowing
Division of right and wrong, there is a Truth to be learned	able to gain knowledge, but not source of knowledge
Multiplicity	Subjective knowing
All opinions recognized as legitimate, still searching for the Right Answers	truth and knowledge are considered personal and private
Relativism	Procedural knowing
Knowledge is qualitative, depending on contexts	emphasis on procedural skills, begin to communicate their knowledge
Commitment	Constructed knowing
Affirmation of choice, "whole hearted while tentative"	knowledge is constructed and the learner is part of the known (shares some similarities with Commitment)

Perry, William G., Jr. "Cognitive and Ethical Growth: The making of Meaning." In Chickering, A. W. and Associates (1981). The Modern American College. San Francisco: Jossey-Bass Publishers, Inc.

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Implications

Unlike the research of many development theorists (e.g., Chickering, & Havighurst, 1985; Perry, 1970, 1985), Belenky's (1986) research does not describe a series of stages that women pass through during their development on the way to a plateau. Indeed, Belenky's research suggests a fluidity to the development of a woman's ethical, moral, and cognitive knowledge. Certainly, no one, male or female, begins in a position of silence. One's voice, or the ability to express needs and wants, is intact at birth. Through a process of learning, that voice is enhanced or lost (Baumrind, 1967, 1971; Martin, 1985). Depending on families and support systems, a woman may not have begun her development at the position of received knowledge, but at one of the more expressive stages, such as subjective or procedural knowledge. Again, depending on her situation or position, a woman may find herself having to change her perspective to best serve whatever situation she may be facing.

The fluidity of these positions presents a dichotomous role to counselors when working with clients, particularly female clients. Members of the counseling profession need to understand the different "voices" expressed by women. A counselor, through interviews and interactions with clients, should be aware of the position of the client's "ways of knowing." Once the client's perspective has been realized, the counselor should offer the client support in her current perspective and challenge her to further develop her "way of knowing." And, finally, counselors should provide their clients with a "vision" as to what is held in the alternate perspective.

Support

The counselor must provide the client with a place of trust, a basis for growth, and confirmation of the person's worth. Although there are a variety of supportive functions and roles that the counselor can provide, there are several that identify the primary role of the counselor. These are listening, providing structure, expressing positive expectations, serving as an advocate, and sharing ourselves (Daloz, 1987).

Listening is the active engagement of the counselor with the client's world. What does it feel like to be that person? To provide

structure, a counselor may need to help the client identify those areas in which her life is unorganized or chaotic. The counselor may have to provide examples of how structure could change the actions of the client. As an example, the counselor may have the client list or think about ways in which she could gain more control of her environment. Counselors can identify and affirm the positive qualities of the client, and express their expectations for continuation of these positive events. In some cases, counselors may have to serve as an advocate for the client, in particular those without a "voice." Finally, to support the client, counselors could share themselves to whatever degree they feel comfortable. For many of these women, the knowledge that the counselor has experienced similar events and positions would provide them with continued support.

Challenge

While support provides the clients with boundaries, challenge tries to peel them apart. The function of challenge is to create a gap that causes tension between the client and her current environment (Daloz, 1987). To challenge a client, a counselor could set tasks, engage in discussions, formulate theories, and set higher standards. The clients could receive growth tasks, homework as it were, to engage with others from a different perspective. The counselor may encourage the client to engage in discourse, at least within the support of the counseling setting, from a different perspective. The client could formulate how someone from a different perspective would respond to some of the difficulties facing them in her perspective. Finally, the counselor and client could establish a higher set of goals to achieve and venture outside of her perspective. The counselor should challenge the client to challenge herself.

Vision

The counselor needs to provide the client, who is experimenting with her "voice," with opportunities to view "reality" in a fuller, more comprehensive way. This can be accomplished by the counselor serving as a model for the client, by offering a map, by using a new perspective, and by providing a mirror for the client to examine herself (Daloz, 1987). Counselors can become or provide models of the person the client would like to be like. This model may need to be quite literal at the early positions. Counselors can also provide the client with a map of the path to be followed, particularly if it is similar to their own.

Counselors can give clients new ways to think or feel about their world, by utilizing a new perspective or "voice." Finally, the counselor can provide a mirror for the client to examine her self-awareness in the safety of the counseling session.

Summary

This article briefly reviewed the research of Mary Belenky and her colleagues into the moral, ethical, and cognitive development of women. In this research, there were five perspectives identified: silence, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge. Unlike other developmental theories, Belenky's research suggests that this development is not sequential, and that the potential exists for a woman to lose her "voice." In addition, this article examines implications for counselors, and offers specific applications to assist women in the development of their "voice."

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IS THAT ALL THERE IS? CAREER DISENCHANTMENT IN THIRTYSOMETHING FEMALES

Audrey Canaff
Leslie Weizer Drummond

As career counselors who work with adults, over the past ten years the current authors have become cognizant of a new pattern of career changers that has been created. This new population of career changers is younger than the traditional adult in mid-career transition, and largely female in composition. The profile of the new career changer is a successful woman in her early to mid-thirties who begins to question whether her career is fulfilling to her. Often she is the product of what the field of career counseling has tirelessly labored for over the past twenty years - a female who has excelled in a nontraditional vocational role. She is a graduate of our "women can succeed at any vocation" school. She has been drilled with tests on her interests, abilities, values and skills. She has knowingly, with good decision-making ability, entered her field of choice and succeeded in her job. Our graduate has now come back to us, not to revel in her "fast track" accomplishments, but to ask for our assistance in coping with the dissatisfaction and emptiness she finds in her work life. She presents herself not as one who is "career-indecisive" (Kaplan, 1987) but as an individual experiencing career panic.

How is career panic defined? Career panic includes not only the gnawing disenchantment one feels about her job, but also the accompanying shame and guilt. These women are the individuals who "had it all." They attended prestigious schools and achieved positions that others envied. High salaries, generous benefits, and substantial

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Audrey Canaff, M.A., is a counselor in private practice, Corning, New York.

Leslie Weizer Drummond, M.Ed., is the Assistant Director of Special Education Services at Raritan Valley Community College, Somerville, New Jersey.

responsibility accompanied their posts. They are now left with a sense of paralysis, dread and fear. They have seen the vocational "promised land," and they want a one-way ticket back home. The case study below illustrates problems encountered by women during their career progression.

The Case of K.P.

K.P. is a 31-year-old single female who has requested counseling to assist her with the confusion and anxiety surrounding her next career move. K.P. has been unemployed for the past year since resigning her position as a manager for a major corporation. She is not in the process of a job hunt at the moment, and is still "licking her wounds" from her experience at her past place of employment. K.P. feels disillusioned about her ability to make a wise career choice since she had extensively researched the corporation she had just left prior to accepting a position there. She feels panicked that her chosen profession, at which she excelled in graduate school and in the corporate world, now holds little appeal. She has financial resources available to her, and is in no rush to return to the world of work. K.P. has been experiencing heart palpitations when she considers the idea of wearing her "dress for success" suits and embarking on job interviews.

K.P. is no stranger to the process of career planning. She readily chose her finance major in college and had little difficulty obtaining summer work. She maintained a 4.0 G.P.A. and was accepted into a top graduate school. From that point on, her superior work afforded her offers from major corporations. K.P. conducted extensive informational interviews and settled on Corporation X.

Although Corporation X was located in a major city 500 miles away from her hometown, K.P. developed a tight bond of co-worker friends who provided solace from the rigors of her job duties. The Corporation itself was like a family and K.P. felt comfortable there. Looking back on her tenure at Corporation X, she reminisces about the cohesion she felt from co-workers and the strong relationships developed there.

Following the transfer of a number of her friends and the dissolution of a love relationship, K.P. began to experience

unhappiness with her situation at Company X. After seeking career counseling at the Employee Assistance Center, K.P. decided to research companies that produced products more similar to those of interest to her.

She accepted a position at Company Z, located in another city, which appeared more in line with her interests. K.P., while initially more interested in her position, did not develop a strong social network in this city. Her position at Company Z offered increased responsibility, but also required a great deal of overtime. K.P. found herself working 75-hour weeks. She began to feel isolated and lonely and, in an attempt to regain her sense of self, left Company Z.

Is there something unique about the career paths of women? Is there a special quality pertaining to all adults in their fourth decade of live? Is this just a mid-career phenomenon which is revealed prematurely? The reasons for the birth of career panic in the thirtysomething female will be addressed, as well as interventions aimed at assisting her.

Career Development and Women

Three separate, yet interrelated, factors are relevant to the topic of career change: gender, age, and motivation of the career changer. Early career developmental theorists do not fully explain, however, how these factors influence the current developmental challenges of thirtysomething females.

Super's five-stage model includes the growth stage (ages 0-14), exploration stage (15-24), establishment stage-early trial and shifting (25-30), followed by stabilization (31-44), maintenance (45-64) and decline (65-on) (Super, Crites, Hummel, Moser, Overstreet & Warnath, 1957). According to this model, the age when one is supposedly "establishing" is precisely the age when women are seeking a change.

Not all theorists adhere to Super's belief that the occupational self-concept begins to develop in childhood and remains relatively stable from adolescence on. Gould (1980) alludes to an expansion of self-definition called "transformation." This transformational process begins primarily in the 30's with particular acceleration during the midlife decade (35-45). Our worklife begins in the twenties and is a testing ground for the assumptions about work that originated during

childhood. Our "beginning" work serves many developmental needs, with confirmation of our status as adults as the primary one. Therefore, people work long and hard without seriously questioning the fundamental value of what is being done and why it is being done. This lack of questioning changes by the end of the twenties. The primary difference is that while people are still willing to work hard, they are more interested in working hard to maximize their own growth. They find a need for a career that complements their expanding selves (Gould, 1980).

John Crites' (1976) work supports Gould's theory. Crites determined that the cycle of career satisfaction is at its lowest point during the middle years of Super's Establishment Stage. By this time, workers have engaged in careers long enough to have a realistic picture of the rewards of work and the likelihood of advancement and that picture is often disappointing.

Therefore, the thirtysomething career changer may view a career change as a natural part of the process of seeking self-actualization. The midlife career changer does not have something intrinsically wrong with her because of an "occupation mismatch" early in life. Rather, the midlife career changer is healthily seeking a career in sync with his or her developmental stage.

Does gender affect the development of thirtysomething career changers might be an appropriate question to ask at this point. Women experience particular internal and external stressors that may impact their decisions for career change. Women seem particularly guided by internal "passions" and external factors such as family and community (Levinson, 1980).

Erikson's (1968) psychosocial developmental model has eight stages from birth through retirement. Each stage is associated with a psychosocial crisis that the individual resolves either positively or negatively. The positive/negative factors are on a continuum and most individuals experience some of both during each stage. However, the more positive the experience is, the more the individual can cope with later stages and crises.

The adult female passes through two stages that significantly influence her ability to achieve career satisfaction. The stage of identity vs. identity confusion corresponds to the years of adolescence

and early adulthood. During this period the female draws upon her strengths and weaknesses as building blocks of self-concept. Identification with specific groups or role models assists a woman in reinforcing a definition of herself. Early career exploration commences and the foundation for career goals is established.

The ensuing stage of Intimacy vs. Isolation spans the years of twenty through thirty-five. During this stage, the individual uses what she has learned about herself to form intimate relationships with others. According to Erikson (1968), true intimacy can occur only after identity formation is solid in the individual. The fusing of both identity and intimacy characterizes the definition of the healthy individual.

Furthermore, Erikson believed that a woman's identity is often not crystallized until she resolves the crisis of Intimacy vs. Isolation. A woman tends to define herself through relationships, fusing the Identity and Intimacy stages.

Gilligan (1977, 1982) studied moral development of women. She concluded that self-definition occurs in relational terms. For women, growth occurs in the context of intimate relationships, while men define themselves in terms of individual achievement. Women are socialized to be caretakers and express nurturing qualities. This pull towards intimacy may create inner conflict in situations where relationships are minimized and competition is encouraged. In her longitudinal study of college seniors, Josselson (1982) found that if identity is not achieved by the completion of college, the internal pressures to return to the safety of nurturing roles occur. For many females, the "anchor" is not vocational endeavors, but significant relationships.

Other researchers (e.g., Osipow, 1983) believe that a woman's career identity is not well-formulated until intimacy is achieved. The role of intimacy in identity formation results in a "non-static" pattern of career development for women. Women, therefore, may make career choices later in life.

The external, as well as internal, factors influencing the career development of women must be examined. Such factors as fear of success, lower risk taking in women and decreased academic self-confidence may impact a woman's career success. However, the career development of women is not that simplistic. Multiple factors

significantly influence the job-changing behavior of women (Ackerman, 1990).

Both psychosocial and structural explanations for women's behavior in terms of career advancement should be considered, particularly with respect to managerial careers. Women are socialized to internalize certain attitudes which are antithetical to those called for in management. Also, they may not develop the requisite skills to survive in management positions. The attitudes of other people about women as managers also become a major psychosocial factor. The organization itself as a structural factor may discriminate against women in terms of promotional opportunities and as a response to family responsibilities that females have.

Andrew, Coderre, & Denis (1990) asked female managers to assess the primary block to their career development. The subjects felt their obstacles were not of their own making. Instead, they believed that the attitudes of colleagues was the major deterrent.

Research demonstrates that female MBAs advance more slowly than their male counterparts (Devanna, 1987). This lack of career progress is a major source of stress, along with politics (i.e., the use of power in organizations) which relegates women to the lower ranks of male-oriented occupations and away from the true centers of power. Davidson & Cooper (1983) defined the work/home conflict as another major stressor. Junior women managers reported experiencing stress over whether to start a family or remain career focused.

Stress on the job bears a relationship to career change (McLean, 1974). The sources of work-related stress seem to be very different for men and women. While data suggest that at the extremes of vocational levels (i.e., highly professional and unskilled) certain similarities exist between men's and women's experiences on the job (Osipow, 1983), there are also important elements in women's career development (e.g., marriage, timing of children, spouses' attitudes) that do not seem to be significant in the theories of career development for men (Psathas, 1968). The "home/career conflict" is heightened in the thirtysomething female. At this juncture in her career she may become disenchanted with the structure of the "fast track." She may grow more in tune with her need for other types of achievement and turn toward her own self-care. The conflict, according to Hotelling and Forrest (1985), can create two dysfunctional models: (a) the "Superwoman" who attempts

to meet both career and home needs in an unrealistic manner, or (b) the "male" model who achieves at career but does not address the "home family" component of self. The resulting loss from each of these models is fatigue and burnout for the "Superwoman" and separation and isolation from others in the "male model." From Gilligan's perspective, the "male model" also may be guilty of not addressing her "own voice" in developing relationships and connection to others. The strain of the "male model" may be too much for women in non-traditional occupations where the focus on relational terms is minimized.

Not so surprising, women are reporting more job changes than men (Haynes & Feinleib, 1980). Given what is known about adult development, it is also not surprising to find a strong desire for change occurring within the thirtysomething years.

Career Development Interventions

Obviously, career choices and decisions of women are influenced by a complex combination of internal and external factors. As a counselor, one must identify and differentiate these factors. One important assessment, or more likely, reassessment, will be of values and priorities. What are the issues of utmost importance to your female client? Given the possibility of psychosocial and structural issues, assessment instruments that explore both will be most helpful. A work-related needs or job values exercise comparing current with desired work needs can help to isolate those needs that are not being met on the job (e.g., autonomy, responsibility, making an impact). Some of these needs may be met within the current employment structure, whereas others may require a change to an employer more in tune with one's needs or, in some cases, to a totally new career.

Thomas (1977) defined three types of career changers: (a) "changers" are those who make a significant change in both career and life style; (b) "pseudo-changers" change their careers but not their life styles; and (c) "crypto-changers" stay in their jobs but change their lifestyle and their work performance.

Most of our clients fall in the category of "changers" seeking a total lifestyle change. In this case, it is crucial to look at life planning in terms of the client's life goals and major life events (e.g., money,

house, family, children). We many times use a timeline exercise. The client draws a timeline of her life marking critical turning points, which helps the client view her career in terms of her whole life. By marking turning points she anticipates, the client is taking a more proactive approach long- and short-term towards making future events happen. The next step is to set goals and establish priorities. The primary focus is for the client to take control of her career plans in relation to her life plans, based on values truly important to her.

The disenchanted thirtysomething females we are seeing in career counseling are often "first generation careerists." They come from homes where their mothers either decided to work at home or outside the home. The growing female child received reinforcement from parents for specific career choices and directions. As counselors, we need to help the client examine these choices, and ascertain whether they were the choice of the client or a family member's influence. In our earlier case example, K.P.'s choice of career was influenced by her father's strong desire to "be a professional and make money." Her success in business helped to compensate for disappointments and failures experienced in her father's professional life. Clarifying the source(s) of early career decisions often helps clients determine whose choice it really was.

Therefore, the thirtysomething female may need to examine her own beliefs in regard to career and the role it plays in her life. She may need to evaluate strategic beliefs (e.g., your partner's occupation is more important) and conditioning processes to determine how her early development affected the career decisions she made.

Women in "non-traditional" occupations often benefit from a discussion of the stresses they experience. Despite the multitude of books available on subjects from dressing right to negotiating successfully, most females do not know how to "fit in." Reading a book may only intensify the isolation they fell, and requires time that for many is nonexistent. The ability to form discussion/support groups around these topics allows for a sense of camaraderie and connection that is lacking in their work lives. The benefit of seeing peers grappling with similar issues enables clients to see that they are not alone. The ability to work through the fear, anger, and confusion experienced in an alien work environment can be growth-producing, allowing for the release of shame and guilt. Counselors can validate the problem-solving skills clients utilized, and provide support for

successful interventions. Women experiencing career disenchantment may often see the "whole" vocational experience as derogatory, rather than only parts of it. Angry at her self for not feeling able to reverse the downward spiral of unhappiness, the woman may project blame on herself rather than the organization or others. The counselor, through exploration of these issues, can redirect this for the client.

Last, but not least, the thirtysomething female needs to be engaged in a frank examination of home/family issues. This intervention is necessary for both single women and women in existing relationships. The fourth decade of life can bring about the "ticking of the biological clock" and this affects both single and partnered females. For the female in a relationship, the wishes/desires of her partner need to be addressed along with her own longings. The single female must also explore this area, as it may be more fraught with anxiety due to the lack of a concrete vision. Visualization may aid both single and coupled women to explore their goals and beliefs in this area. Informational interviews with women who choose to stay at home or combine career and family can be beneficial and appropriate for such clients.

Summary

The purpose of this article was to examine the phenomenon of career disenchantment in the "thirtysomething female," to delineate factors which influence her career satisfaction, and to suggest counseling interventions for this population. The disenchantment of the thirtysomething female is multifaceted. Developmentally, she is still in the throes of change, and in establishing her self concept. The pressures of the thirties may overshadow her need to succeed through a vocational outlet, and her direction may be turned instead to relationships and family. The choppy waters of the "fast track" may no longer be a challenge to navigate and, in fact, may now turn treacherous and hostile.

Most importantly, the choices made at age twenty may no longer be viable or valued. Our thirtysomething female is in a state of flux, which may cause her to turn away from the "fast track" only to refocus intently again in her fifties. Counselors working with this population must keep in mind the fluid quality of life, and the ability for each of us to grow in a unique and individualized manner.

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PRACTICALLY SPEAKING

WORKING TOWARD INDEPENDENCE: THE DOUBLE BIND IN COMMUNICATION DILEMMA

William W. Saxon
Wendel A Ray
R. Lamar Woodham

(Authors' note: The masculine pronoun is used because the model was developed for young males. It in no way is meant to exclude females from the treatment process.)

Communication theorists at the Mental Research Institute in Palo Alto, California demonstrated that some schizophrenia resulted from dysfunctional family communication and interactions (Bateson, Jackson, Haley, & Weakland, 1956; Jackson, 1957a&b). A process for working with the young adult male sibling who is unable to develop independence because of double binding communication within the family system will be described. Developed while working with 6 young adult males, the model is generalizable to working with young adult females by making modifications in terms of age and sex appropriate outcome goals. Systems and double-bind concepts provide the underlying theory (Jackson, 1958, 1965, 1967).

William W. Saxon, E.D., is Professor of Social Work in the School of Social Work, University of Southern Mississippi, and has a private practice in Hattiesburg, MS.

Wendel A. Ray, Ph.D., is a Research Associate and Director of the Don D. Jackson Archive at the Mental Research Institute, Palo Alto, CA., Assistant Professor and Clinical Director of the Marriage and Family Therapy Program, Northeast Louisiana University, and has a private practice in Monroe, LA.

R. Lamar Woodham, E.D., is Co-Founder of the Family Therapy Institute of Louisiana and Assistant Professor of Family Therapy at the Marriage and Family Therapy Program, Northeast Louisiana University in Monroe, LA.

The model was developed for adaptation to the procedures of a mental health clinic where the identified client, who may or may not have been hospitalized, is seen for the intake and treatment without family involvement. In the process of working with these cases, it became evident that the young adult male is caught in a net of double-bind communication and that the most efficient intervention is to get the family involved in the elimination of the double binding within the system. The treatment process is divided into four distinct phases: 1) sessions with the young adult patient; 2) conjoint sessions with the parental sub-system; 3) sessions with the triad; 4) marital counseling sessions and/or the continuation of individual sessions with the identified patient. While some consideration of therapeutic techniques is included, the major focus of the present discussion will be the process and the goals for each phase of treatment. The techniques used will depend upon the individual therapist's theoretical orientation and skills.

Summarization of the Double Bind Theory

All family members including the disturbed young person are conceptualized as having difficulty negotiating the developmental transition from a family with young children to one with adult offspring. Typically, all members of these families exhibit feelings of hopelessness and helplessness and are emotionally exhausted, anxious, and confused. These characteristics make them good candidates for treatment, because of the pain motivation. These families exhibit the symptoms of a system caught up in a redundant cycle of interaction involving double binding communication. Usually the family members are not consciously aware of the incongruent messages nor the redundant cycle of behavior produced by the interactions.

The essential ingredients of double bind communication are as follows:

1. Two or more persons are involved in an intense relationship that has a high degree of survival value for one or more participants. The family is involved in the sending of incongruent messages, usually within the boundary of a complimentary relationship, where two people are of unequal status and one appears to be in a superior position.

2. In this context, messages are given which assert opposing commands. The assertions are mutually exclusive because neither one can be obeyed without disobeying the other.

3. The recipient of the message is prevented from commenting on it or walking away from it.

4. The double binding process is not unidirectional, in that it binds the sender as well as the recipient. The family is in a no-win position (Jackson & Weakland, 1961).

By the time adolescence is reached, a young adult male sibling who has been labelled schizophrenic can begin to overtly display the effects of having grown up in a double binding family context. Stated simply, the most explicit and restrictive message constraining the young person is structured as follows:

1. The young person continuously receives the verbal message, "You are now grown up and must be responsible for your own life."

2. On the non-verbal level, however, the family communicates that the person is irresponsible and incapable of managing his own life.

The individual is not allowed to set goals and to perform the behaviors necessary to complete them (Jackson & Watzlawick, 1963). Someone in the family is always taking control of the young person's life. The double bind is also sometimes meta-communicated by tone of voice, facial expressions, or body posture (Jackson & Haley, 1963). These behaviors are typically of a questioning, critical, or condemning nature which implies that the youth is incapable or incompetent. The young adult clients are usually significant to their families because they serve to promote communication and interaction between the parents. In some cases the young person is so important that their presence within the families seems to actually keep the parents together.[1]

Phase One: Session with the Young Adult Male

The goal of this phase is to assist the young person to state verbally that he wants to become independent and that he needs for the family to leave him alone. He wants to be responsible for his own life.

The initial focus of therapy is to enable the person to ventilate frustrations about his position in the family and dissatisfactions with the behavioral exchanges between him and other family members.

The objective is to support him in separating from his family of origin and becoming an autonomously functioning individual. The therapist encourages the client to examine his attitudes and thoughts about the family interaction, as well as attitudes about himself. The emotions most prevalent during this stage are guilt about wanting to leave the family of origin, anxiety, and fear about moving toward independence.

Clients developed a failure identity which is manifested by their negative thinking about themselves and their ability to succeed on their own. Yet, they are aware that their self acceptance depends upon this growth toward independence. A frequently described cognition underlying these feelings is itself a cognitive double bind: "I have to grow up, but I can't." This view in itself is not only double binding, but the "I can't" is experienced as an indication of a defect in the personality structure.[2]

Initially, the client must be encouraged to set small goals. Reassurance must be provided that goals can be accomplished that are necessary for movement toward independent functioning. It is also important to help the client evaluate the self-defeating aspects of his present coping patterns. For example, a 24-year-old male had been placed in jail and committed to the state hospital after he had taken a gun and threatened his father and brother. A prior commitment had resulted when he destroyed furniture and broke windows in the family home. Following this incident, the therapist helped the young man make a connection between his destructive behavior and his being involuntarily committed to the state hospital. The therapist suggested that he call the telephone help line when he began to feel so upset that he wanted to become destructive. This suggestion provided him with something constructive to do in the place of becoming violent.

In phase one, the major therapeutic techniques used are the demonstration of empathy, respect, and genuineness (Truax & Carkhuff, 1967). There is minimal confrontation during this stage (no head-on collisions). The only confrontation used in this phase is conveyed in terms of statements of genuineness. For example, "I am concerned about the consequences of your violent behavior for you. Let's look at

some ways to deal with your feelings other than what you have been doing." At this point, the therapist should emphasize his/her faith in the client's ability to change and grow. Expression of this faith is a necessary prerequisite to being genuine and demonstrating respect. The therapist's actual behaviors are characterized by encouragement, reassurance, logical discussion, giving of information, and attentive listening. Universalization is used to encourage the expression of feelings and thoughts that are not acceptable to the client.

Phase Two: Conjoint Sessions with the Parental Sub-System

Goals during this phase are interrelated. First, the couple must tell their story about the pressures the "sick" person puts on the family and must verbalize a desire for him to leave the nest. Second, each spouse verbalizes his/her differences about the solution to the current problem. Exploring what happened between the parents as they tried to cope with the client during the adolescent period, the therapist gently moves in the area of family history centering around the interaction within the triad. An important objective is to encourage them to verbalize some of their differences and disagreements about dealing with the problem in prior stages of family development.

In the first marital therapy session, the therapist attempts to get the couple to express their feelings of hopelessness about changing their situation. Ideally, the parents will express their ambivalence and guilt. The current authors frequently observe the following attitude from parents, "We want to give up but we should not; we would be bad parents and it would be terrible to fail." In the supportive and accepting therapeutic environment the parents usually express their total emotional exhaustion by the end of the first session.

During this first session, the therapist must use many empathic responses to let the couple know he/she understands the dilemma (i.e., know where they are coming from). Empathic responses enable the clients to reveal more of the innermost feelings about the experiences they had with the "sick" family member. Empathy allows the parents to begin to regain some of their feelings of worth. The therapist must also convey respect for the parents by emphasizing their strengths, especially the courage exhibited by coming for help.

A problem that sometimes arises in this phase of therapy is the tendency of some therapists to blame parents for the young person's

illness. If a therapist is so prejudiced subtle non-verbal criticism may be communicated early in the first therapy session, thus reinforcing anxiety and feelings of hopelessness and worthlessness. Therapists should view the problem as an interactional one involving all family members. The action-reaction concept from family systems theory is helpful for interpreting the interactional dilemma. Therapists may also want to reframe the relationship cycle as, "You all loved each other so much it was difficult for you to separate from the relationship."

The next step in this phase is to get the parents to consider alternatives for solving their dilemma and the consequences of each choice. In this context, re-emphasizing that their solutions are not working and recognizing that they must try something else is helpful. In discussing alternatives, the therapist encourages a dialogue between the spouses about some of their past and present differences in behaviors and attitudes. The purpose is for the therapist to gather a few facts to be used in future sessions. The therapist must not focus on these conflicts for the purpose of problem resolution because of the danger of premature termination of therapy by the parents.

In many of these families, the client is often violent toward himself or a family member, or acts out in the community. Parents often disagreed about how to handle the immediate problem of violence. Occasionally, therapists may suggest alternatives, but only after the parents have had the opportunity to explore their own ideas. Many times, the two parents expressed opposing alternatives. Usually the father is ready to have the young person thrown out of the house. The mother wants something done, she doesn't know what, but is not ready for the client to leave the home. The therapist might suggest, as an alternative to neutralize the struggle, for the parents to have the police apprehend the young person in the event of violence toward himself or others. Assuring the parents that they are good parents who do not want anything adverse happening to their child or do not want him to hurt someone else is helpful. The parents are assured that the therapist is confident that they will make certain that their son will not engage in additional self defeating behaviors because of their love for him.

Phase two must be "closed" before moving to the next phase. Closure is accomplished when the therapist elicits strong affirmation about "freeing the young person to develop toward independence." Once this commitment occurs, the therapist should reassure the family

that this alternative is not a perfect one, but considering the longevity of the problem, this choice is the best one.

The second phase can take three to six sessions, with the number of sessions determined by the resistance of the couple and the skill of the therapist. In some cases, conjoint sessions are conducted concurrently with Phase I, while others begin after the young person has been seen for several sessions.

Phase Three: Sessions with the Family Triad

The goal for phase three is to have each family member attain a strong commitment to change, with each member concretely expressing his/her desire to change. Typically, the parents state their desire for the client to become independent, and the client states an intent to develop goals leading to self-sufficiency. The parents must take a strong, united stand to convince the client that they are serious. Firm commitment on the part of both parents, in effect, releases the client from the double bind situation. The objective of this session, then, is to synthesize the activities and accomplishments from the prior two phases into a working or action phase.

Ventilation of dissatisfaction about interactions within the family is common during this phase. Each person expresses his/her views of the problem, what has been done about it, and what solutions they see. The therapist must understand and recognize communication processes and establish a structure for the family to practice open, honest, clear communication. In the past, one of the problems these families had was an inability to metacommunicate (i.e., communicate about their communication). Each family member comments on anything said by another member and checks out what was said for clarification purposes. Encouraging each person to explain how they hear what is said by each family member is important. Cross-checking of interpretations about what is said helps the triad respond to what the other person says, rather than what they think the other person meant.

The exploration of the advantages and disadvantages of <u>both</u> stability (things staying as they are) <u>and</u> change (movement toward greater independence on the part of the young adult) for all members of the family is another important aspect of this phase of therapy (Jackson & Yalom, 1964). Fear of separation and issues of intimacy between the parents frequently emerge and must be addressed.[3]

The therapist must get closure on phase three. Once the parents take a definitive stand on their desire for the client to become independent, and the client makes it clear that he intends to pursue his goals, the purpose has been accomplished. To be sure the double bind is broken, the therapist checks the communication process (i.e., get the client to restate what he heard the parents say). The same process is applied with the parents.

At this point, the therapist clarifies what the focus of phase four will be. The parents must understand that the therapist and the client will work together in setting and implementing goals. A major emphasis is placed on independent planning; the parents must allow the client to plan for independent functioning. In some cases, the family can provide financial help for training or educational pursuits, but in other situations, the therapist must help the client find other means of financial assistance, such as vocational rehabilitation grants, or loans. Parental resistance can occur at this point in the therapeutic process and the therapist must confront such resistance gently and persistently.

Phase Four: Individual Therapy with the Young Adult and Concurrent Marital Therapy Sessions

This final phase of therapy involves the client exploring alternatives, establishing small goals and implementing them. The therapist assumes some responsibility in helping the client implement the goals. For example, if financial aid is needed, the therapist might arrange a referral to an agency such as vocational rehabilitation. In one instance, a 24-year-old male wanted to attend a college within the state. The first goal was for him to write for applications and information about a particular program. Such goals were undertaken in the therapist's office. The client wrote the letter with the assistance of the therapist and it was mailed from the office. Since larger goals were broken into small steps or sub-goals, two thirty-minute weekly sessions were provided rather than the usual single one-hour session. The arrangement gave the therapist and the client the opportunity to work toward the accomplishment of sub-goals more rapidly.

A supportive relationship with the therapist is extremely important; however, the client must work toward achieving therapeutic goals on his own. No excuses are accepted by the therapist for the client's failure to follow through on contracts. Where such failure occurs, the plan is renegotiated and new contracts are developed

(Glasser, 1965). The therapist must also deal with the attitudes that inhibited the person from accomplishing or undertaking assigned tasks. Such attitudes are attached in two ways: either directly on a didactic cognitive basis, and/or by getting the person to perform the necessary behaviors that would lead to attitudinal changes and feelings of worth (Ellis, 1962).

Couple Therapy

The focus of this phase is to assist the couple to reorient their family life style and re-structure their patterns of communication. It is often difficult for them to begin communicating directly since, in the past, so many of their messages had been sent through the third party. So much of each family member's goal orientations and problem solving was focused on dealing with the problems of the young adult. The couple must reorient their life styles. Some couples initiate observable changes in their relationship as a result of the other phases and feel able to manage without additional sessions. Usually they should come to at least one session in this phase to reinforce and reaffirm their decision. Advantages and disadvantages of the changes are assessed and the strength of their decision reinforced. In some instances it is useful to re-emphasize the difficulty of following through while simultaneously reminding the couple that this is the only way to solve the problem, and that their love for each other should make them want to try as they have never tried before on any other problem (Jackson & Bodin, 1968).

If the parents come for a specified number of marital sessions, some of the issues brought up in conjoint sessions will probably be re-opened during this phase. Some of the most common areas of dissatisfaction for the couple have been communicational, affection, and sexual exchanges. It is not unusual that both of the marital partners feel cheated and unloved. Most spouses have a strong desire to get more of their emotional needs met through the marital relationship. The therapeutic effort must aid the couple in achieving reciprocity in terms of behavioral exchanges in these areas. When role conflicts need to be resolved so that the couple can maximize their satisfaction from the relationship, the therapist serves as a mediator as they renegotiate the division of labor.

Where other children are involved, the couple should talk about their relationship with the younger sibling(s). The therapist must determine if another child will be selected to form a new triad to

stabilize the spouse subsystem. In one family with a 12-year-old son, it became evident to the therapist and the couple that interaction between the mother, father, and the child was similar to that with the young adult patient. In this case, the therapist had to work with the family in generalizing what they had learned in therapy with the young adult to the relationship with the other child. Transferring a knowledge gained from the relationship with other children is not a difficult task since the parental or marital sub-system is strengthened during the treatment process. However, if these sub-systems are not restructured, resolution of this problem could be more difficult.

These families often develop a pseudo-mutual atmosphere in which they tend to withdraw and avoid conflictual situations. Such withdrawal includes denial and non-acceptance of negative emotions such as anger. In these cases, expressions of negative feelings must be relearned so that they are seen as positive and acceptable to the family. The therapist offers emotional support as family members begin to admit and express feelings openly. One possible reframe is to state, "If you are going to have a healthy family life, it is absolutely necessary that you begin to express your anger and dissatisfactions about what is going on within the group."

In some instances, one of the marital partners may want additional individual therapy while the other does not wish to continue in therapy. In these instances, the individual therapy should be provided. The therapist is ethically responsible to explain that a disequilibrium may occur in the family as a result of individual treatment. For example, if a passive partner wants additional sessions, successful therapy may result in this person becoming more assertive. The new, learned, self-assured behavior will then have an effect upon the spouse and other family members, requiring the other members to learn to respond to a changed individual. Such adjustments can disturb some families that strongly resist change.

Conclusions

The model of family therapy with young adult male clients presented in this article was developed with six families. Preliminary follow-up indicates that four of the clients are working toward independent functioning through education, training, or employment. Two of the clients were less successful in total separation, but family relationships are more congenial and double binding has been alleviated.

The results indicate that this therapeutic process was effective in freeing the six families from the double-bind situation.

Even though this model was developed while working with young males, it can also be used with young females by making modifications in terms of age and sex appropriate outcome goals. The double binding nature of communication processes and the necessity for redefining the nature of the relationship between the young adult female and her parents are fundamentally the same as with males, as is the process of treatment.

Once the client is free of the double bind, the most difficult part of therapy is helping him/her "catch" up in terms of emotional, educational, or occupational endeavors. The process is slow and takes patience and persistence on the part of the therapist.

In the cases used for this article, all six clients were on heavy regimes of medication. The therapist had to work closely with the psychiatrist in terms of gradual reduction of medication, because the clients had difficulty maintaining motivation and accomplishing goals with heavy doses of drugs. Drug usage could gradually be reduced as (a) family pressures on the client were reduced, and, (b) the client developed a therapeutic relationship with the therapist.

As a result of treatment, the clients realized that their families supported them and that the family would probably no longer interfere with their life goals. Perhaps the philosophic approach to treatment in these difficult cases should be the old adage, "Don't give up; try, try, try again."

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NOTES

1. *The nuances of double binding communication differ slightly in families with young adult members exhibiting other behavioral difficulties such as acting out, substance abuse, and other delinquent behaviors. However, the essence of the developmental dilemma experienced by families resulting in aberrant behavior on the part of the young adult or adolescent is fundamentally as has been described above. The authors have successfully applied this model with many child focused problems other than schizophrenia.*

2. *Keeping the concept of homeostasis in mind, it is advantageous to consider both the literal and metaphorical nature of such statements as "I have to grow up but I can't." Literally, the statement can be understood to reflect feelings of helplessness experienced by the individual. Metaphorically, it can be understood as a cogent utterance about the nature of the developmental dilemma of the whole family which has crystallized in the behavior of the troubled young person.*

3. *In cases where the client's behavior is particularly aberrant, there are usually advantages to be found for things staying the way they are. For example, spouses are often anxious about facing life together as a couple after the young person leaves. In turn, the young adult is anxious about the parental discomfort which, in turn, is followed by his demonstrating continued incompetence. This repetitious cycle of events, which in effect keeps the family fixed in time, while problematic, acts to protect the parents from anxiety and is at the center of the developmental dilemma inhibiting the family.*

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